

<i>SERFF Tracking Number:</i>	<i>AWLP-127674891</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Anthem Blue Cross Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2011-01930</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Sub-TOI: Expense</i>		<i>H15G.003 Small Group Only</i>
<i>Product Name:</i>	<i>01012012 Rate Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Anthem Blue Cross Life and Health Insurance Company

Product Name: 01012012 Rate Filing	SERFF Tr Num: AWLP-127674891	State: California
TOI: H15G Group Health - Hospital/Surgical/Medical Expense	SERFF Status: Assigned	State Tr Num: PF-2011-01930
Sub-TOI: H15G.003 Small Group Only	Co Tr Num:	State Status:
Filing Type: Rate		Reviewer(s): Angela Jang, Bruce Hinze, Sai-on Sam, Ali Zaker-Shahrak, Wayne Thomas, Karl Whitmarsh
	Author: Michael Cole	Disposition Date:
	Date Submitted: 09/30/2011	Disposition Status:
Implementation Date Requested: 01/01/2012		Implementation Date:

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 10/03/2011	
State Status Changed:	Deemer Date:
Created By: Michael Cole	Submitted By: Michael Cole
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
PPACA Notes: null	
Filing Description:	
Filing of rates for our Small Group plans with a requested effective date of 1/1/2012. The rates are being submitted as supporting documents for this rate filing.	

SERFF Tracking Number: AWLP-127674891 State: California

Filing Company: Anthem Blue Cross Life and Health Insurance Company State Tracking Number: PF-2011-01930

Company Tracking Number:

TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense

Product Name: 01012012 Rate Filing

Project Name/Number: /

Company and Contact

Filing Contact Information

Michael Cole, Michael.Cole@wellpoint.com
2100 Corporate Center Drive 805-713-7285 [Phone]
CANQ-02K 805-713-8263 [FAX]
Newbury Park, CA 91320

Filing Company Information

Anthem Blue Cross Life and Health Insurance Company CoCode: 62825 State of Domicile: California
21555 Oxnard Street Group Code: 671 Company Type: Life, Accident, Health
Woodland Hills, CA 91367 Group Name: WellPoint Inc Group State ID Number:
(916) 447-9280 ext. [Phone] FEIN Number: 95-4331852

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Anthem Blue Cross Life and Health Insurance Company	\$0.00		

SERFF Tracking Number:	AWLP-127674891	State:	California
Filing Company:	Anthem Blue Cross Life and Health Insurance Company	State Tracking Number:	PF-2011-01930
Company Tracking Number:			
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H15G.003 Small Group Only
Product Name:	01012012 Rate Filing		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):																											
Anthem Blue Cross Life and Health Insurance Company	Increase	%	5.300%		45,412		7.300%	3.200%																											
<table> <tr> <td>Product Type:</td><td>HMO</td><td>PPO</td><td>EPO</td><td>POS</td><td>HSA</td><td>HDHP</td><td>FFS</td><td>Other</td></tr> <tr> <td>Covered Lives:</td><td></td><td>80,025</td><td></td><td></td><td></td><td></td><td></td><td>629</td></tr> <tr> <td>Policy Holders:</td><td></td><td>45,015</td><td></td><td></td><td></td><td></td><td></td><td>397</td></tr> </table>									Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other	Covered Lives:		80,025						629	Policy Holders:		45,015						397
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other																											
Covered Lives:		80,025						629																											
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SERFF Tracking Number:	AWLP-127674891	State:	California
Filing Company:	Anthem Blue Cross Life and Health Insurance Company	State Tracking Number:	PF-2011-01930
Company Tracking Number:			
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H15G.003 Small Group Only
Product Name:	01012012 Rate Filing		
Project Name/Number:	/		

Rate Review Details

COMPANY:

Company Name:	Anthem Blue Cross Life and Health Insurance Company
HHS Issuer Id:	48962
Product Names:	Solution 2500 PPO, Solution 3500 PPO, Solution 5000 PPO, Elements Hospital, Elements Hospital Plus, Elements Hospital Preferred, GenRx \$25 Copay, GenRx \$35 Copay, GenRx \$45 Copay, Lumenos HIA+ 500, Lumenos HIA+ 750, Hospital BeneFits, Hospital BeneFits Plus, Hospital BenFits Preferred, Lumenos HRA 3000D, Lumenos HRA 3000C, Lumenos HRA 5000D, Lumenos HRA 5000C

Trend Factors:

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms:	X350, X351, X352, 02FG, 02FH, 02FJ, 070U, 070V, 070W, EF49, EF50, EF51, 06ZC, 06ZB, 06ZA, 02FA, 02FB, 02FC, 070N, 070P, 070Q, X355, BA65, EF38, T159, BK29, 06Z4, 06Z5, 06Z6, 02FD, 02FE, 02FF, 070R, 070S, 070T, Z270, Z271, Z272, 06Z7, 06Z8, 06Z9, 02FL, 02FK, 070Y, 070X, EF44, EF43, 06ZE, 06ZD, 0FEQ, 0G5U, 0FER, 0G5V, 0FES, 0G5W, 0FET, 0G5X
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REQUESTED RATE CHANGE

INFORMATION:

Change Period:	Quarterly
Member Months:	749,005
Benefit Change:	Decrease
Percent Change Requested:	Min: 3.2 Max: 7.3 Avg: 5.3

PRIOR RATE:

Total Earned Premium:	203,204,536.00
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<i>SERFF Tracking Number:</i>	<i>AWLP-127674891</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Anthem Blue Cross Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2011-01930</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15G.003 Small Group Only</i>
<i>Product Name:</i>	<i>01012012 Rate Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Total Incurred Claims:	143,095,934.00		
Annual \$:	Min: 204.08 Max: 369.96 Avg: 264.32		
REQUESTED RATE:			
Projected Earned Premium:	297,357,226.00		
Projected Incurred Claims:	228,339,638.00		
Annual \$:	Min: 230.59 Max: 467.79 Avg: 307.24		

SERFF Tracking Number: AWLP-127674891 State: California

Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2011-01930

Company Tracking Number: Company

TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only

Expense

Product Name: 01012012 Rate Filing

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
	CA SG 01-01-2012		New		Rate Table January 1, 2012.pdf

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 3000D (OFER)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$339	\$270	\$220	\$248	\$273	\$226	\$207	\$215	\$211
	30 - 39	455	364	296	334	367	299	276	291	283
	40 - 49	662	525	428	482	528	435	402	417	408
	50 - 54	795	630	514	579	638	524	481	503	494
	55 - 59	1,012	801	656	740	813	665	613	641	625
	60 - 64	1,267	1,007	819	926	1,019	833	766	800	783
	65 + PRIMARY	1,647	1,306	1,069	1,201	1,321	1,084	1,001	1,043	1,018
	65 + SECONDARY	935	745	606	685	754	615	569	593	582
EMPLOYEE AND SPOUSE	UNDER 30	\$717	\$568	\$465	\$523	\$577	\$470	\$433	\$454	\$442
	30 - 39	972	774	630	710	782	640	592	617	602
	40 - 49	1,350	1,071	878	988	1,086	890	818	857	837
	50 - 54	1,645	1,305	1,067	1,199	1,320	1,083	999	1,041	1,017
	55 - 59	2,090	1,662	1,354	1,525	1,676	1,373	1,270	1,324	1,292
	60 - 64	2,551	2,026	1,654	1,862	2,050	1,678	1,546	1,616	1,578
	65 + PRIMARY	3,141	2,493	2,036	2,293	2,522	2,067	1,908	1,990	1,940
	65 + SECONDARY	1,871	1,487	1,212	1,365	1,504	1,229	1,135	1,185	1,158
EMPLOYEE AND CHILD(REN)	UNDER 30	\$664	\$527	\$430	\$484	\$535	\$438	\$404	\$422	\$412
	30 - 39	828	659	539	606	665	548	503	525	512
	40 - 49	1,078	857	699	787	867	709	657	685	669
	50 - 54	1,187	941	771	867	954	781	722	752	735
	55 - 59	1,358	1,076	882	991	1,090	892	826	858	839
	60 - 64	1,579	1,252	1,024	1,151	1,266	1,039	957	996	977
	65 + PRIMARY	1,986	1,574	1,285	1,448	1,595	1,304	1,203	1,255	1,227
	65 + SECONDARY	1,362	1,081	884	994	1,093	896	826	862	841
FAMILY	UNDER 30	\$1,007	\$800	\$654	\$734	\$810	\$664	\$610	\$639	\$623
	30 - 39	1,316	1,047	853	963	1,060	868	801	834	815
	40 - 49	1,694	1,343	1,097	1,235	1,358	1,115	1,028	1,073	1,048
	50 - 54	1,770	1,405	1,147	1,292	1,422	1,167	1,076	1,121	1,096
	55 - 59	2,247	1,785	1,455	1,638	1,804	1,478	1,362	1,423	1,390
	60 - 64	2,650	2,102	1,715	1,932	2,125	1,743	1,606	1,677	1,637
	65 + PRIMARY	3,357	2,664	2,176	2,450	2,697	2,210	2,038	2,125	2,078
	65 + SECONDARY	1,977	1,573	1,283	1,444	1,587	1,304	1,199	1,253	1,224

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 3000D MHP (0G5V)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$340	\$271	\$222	\$249	\$274	\$227	\$207	\$216	\$212
	30 - 39	457	365	298	335	369	299	276	292	285
	40 - 49	664	526	429	484	532	438	403	419	410
	50 - 54	797	633	516	581	640	525	483	505	495
	55 - 59	1,015	805	658	743	815	668	615	644	627
	60 - 64	1,273	1,011	822	928	1,022	837	769	802	786
	65 + PRIMARY	1,653	1,312	1,072	1,205	1,326	1,089	1,005	1,048	1,021
	65 + SECONDARY	940	748	608	688	758	617	571	596	583
EMPLOYEE AND SPOUSE	UNDER 30	\$721	\$570	\$466	\$525	\$579	\$471	\$434	\$455	\$445
	30 - 39	977	777	632	714	784	643	594	620	605
	40 - 49	1,356	1,076	880	991	1,090	893	822	861	840
	50 - 54	1,651	1,309	1,071	1,204	1,324	1,087	1,004	1,046	1,020
	55 - 59	2,098	1,667	1,359	1,532	1,683	1,379	1,274	1,329	1,296
	60 - 64	2,560	2,034	1,660	1,871	2,056	1,687	1,552	1,622	1,584
	65 + PRIMARY	3,153	2,504	2,046	2,300	2,533	2,075	1,915	1,997	1,949
	65 + SECONDARY	1,876	1,491	1,215	1,369	1,509	1,235	1,140	1,188	1,163
EMPLOYEE AND CHILD(REN)	UNDER 30	\$666	\$531	\$432	\$486	\$537	\$440	\$407	\$423	\$414
	30 - 39	830	663	540	608	667	551	506	526	514
	40 - 49	1,082	861	701	791	871	712	659	689	672
	50 - 54	1,193	945	775	870	957	784	724	757	737
	55 - 59	1,363	1,081	885	994	1,094	896	829	861	841
	60 - 64	1,584	1,257	1,027	1,157	1,271	1,042	961	1,002	980
	65 + PRIMARY	1,993	1,580	1,290	1,455	1,602	1,308	1,208	1,261	1,232
	65 + SECONDARY	1,366	1,084	887	997	1,096	900	829	866	845
FAMILY	UNDER 30	\$1,012	\$802	\$656	\$736	\$813	\$667	\$612	\$641	\$626
	30 - 39	1,320	1,050	855	967	1,063	870	805	836	819
	40 - 49	1,699	1,350	1,100	1,239	1,364	1,118	1,031	1,077	1,051
	50 - 54	1,777	1,410	1,151	1,298	1,427	1,170	1,079	1,124	1,099
	55 - 59	2,256	1,790	1,459	1,645	1,809	1,483	1,368	1,428	1,394
	60 - 64	2,660	2,109	1,720	1,939	2,134	1,748	1,613	1,686	1,645
	65 + PRIMARY	3,371	2,674	2,185	2,461	2,707	2,217	2,048	2,134	2,085
	65 + SECONDARY	1,985	1,578	1,288	1,451	1,594	1,308	1,204	1,258	1,227

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 3000C (0FEQ)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$351	\$280	\$228	\$256	\$283	\$234	\$214	\$222	\$218
	30 - 39	471	376	306	345	380	309	286	301	293
	40 - 49	685	544	443	499	547	451	417	431	422
	50 - 54	822	652	532	599	660	543	498	520	511
	55 - 59	1,048	828	679	766	842	688	635	664	646
	60 - 64	1,311	1,041	848	958	1,055	861	793	827	811
	65 + PRIMARY	1,704	1,352	1,107	1,243	1,367	1,122	1,036	1,080	1,054
	65 + SECONDARY	968	771	628	709	780	637	589	613	602
EMPLOYEE AND SPOUSE	UNDER 30	\$742	\$588	\$481	\$542	\$597	\$486	\$449	\$470	\$458
	30 - 39	1,006	801	652	734	810	663	612	639	624
	40 - 49	1,397	1,109	908	1,023	1,124	921	847	887	866
	50 - 54	1,702	1,351	1,104	1,241	1,366	1,121	1,034	1,078	1,053
	55 - 59	2,163	1,720	1,401	1,578	1,735	1,421	1,314	1,370	1,337
	60 - 64	2,640	2,097	1,712	1,927	2,122	1,737	1,601	1,672	1,633
	65 + PRIMARY	3,250	2,580	2,107	2,373	2,610	2,140	1,974	2,059	2,008
	65 + SECONDARY	1,936	1,539	1,254	1,413	1,556	1,272	1,175	1,226	1,199
EMPLOYEE AND CHILD(REN)	UNDER 30	\$687	\$546	\$445	\$502	\$553	\$454	\$419	\$436	\$426
	30 - 39	857	683	557	628	688	567	520	544	530
	40 - 49	1,116	887	724	815	898	733	680	709	692
	50 - 54	1,229	974	798	898	988	809	748	778	761
	55 - 59	1,405	1,114	912	1,026	1,127	923	855	888	868
	60 - 64	1,634	1,296	1,060	1,191	1,310	1,076	991	1,031	1,011
	65 + PRIMARY	2,055	1,629	1,330	1,498	1,652	1,350	1,245	1,299	1,270
	65 + SECONDARY	1,410	1,119	914	1,029	1,130	928	855	892	870
FAMILY	UNDER 30	\$1,041	\$827	\$677	\$760	\$839	\$687	\$632	\$662	\$644
	30 - 39	1,362	1,083	883	996	1,097	899	828	862	844
	40 - 49	1,753	1,391	1,135	1,278	1,405	1,154	1,064	1,111	1,084
	50 - 54	1,833	1,454	1,187	1,337	1,473	1,208	1,114	1,160	1,134
	55 - 59	2,326	1,847	1,506	1,696	1,868	1,530	1,410	1,474	1,438
	60 - 64	2,743	2,176	1,776	2,000	2,200	1,804	1,662	1,736	1,695
	65 + PRIMARY	3,474	2,758	2,252	2,536	2,791	2,288	2,109	2,200	2,150
	65 + SECONDARY	2,047	1,628	1,328	1,484	1,642	1,350	1,241	1,297	1,267

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*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 3000C MHP (0G5U)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$352	\$281	\$230	\$258	\$284	\$236	\$214	\$223	\$219
	30 - 39	473	377	308	346	382	309	286	302	295
	40 - 49	687	545	444	502	551	454	418	433	424
	50 - 54	824	655	535	601	663	544	501	522	512
	55 - 59	1,051	834	682	769	844	691	637	667	648
	60 - 64	1,318	1,047	851	961	1,058	866	796	829	814
	65 + PRIMARY	1,710	1,358	1,110	1,247	1,372	1,126	1,039	1,084	1,057
	65 + SECONDARY	973	774	630	713	784	639	592	616	603
EMPLOYEE AND SPOUSE	UNDER 30	\$746	\$590	\$482	\$544	\$599	\$487	\$450	\$471	\$461
	30 - 39	1,011	805	654	738	812	666	614	641	627
	40 - 49	1,403	1,114	910	1,026	1,127	925	851	891	869
	50 - 54	1,708	1,355	1,109	1,246	1,370	1,125	1,038	1,082	1,056
	55 - 59	2,172	1,725	1,406	1,585	1,743	1,427	1,319	1,375	1,341
	60 - 64	2,650	2,105	1,718	1,936	2,128	1,746	1,607	1,678	1,639
	65 + PRIMARY	3,263	2,592	2,118	2,381	2,622	2,147	1,981	2,066	2,017
	65 + SECONDARY	1,942	1,543	1,258	1,417	1,563	1,278	1,180	1,230	1,204
EMPLOYEE AND CHILD(REN)	UNDER 30	\$689	\$550	\$447	\$504	\$555	\$456	\$421	\$437	\$428
	30 - 39	859	686	558	630	690	570	523	545	532
	40 - 49	1,120	891	726	818	902	736	683	714	695
	50 - 54	1,235	978	802	901	991	812	750	783	763
	55 - 59	1,411	1,119	915	1,029	1,132	928	858	891	870
	60 - 64	1,639	1,302	1,063	1,198	1,315	1,079	994	1,037	1,014
	65 + PRIMARY	2,062	1,635	1,335	1,506	1,658	1,354	1,250	1,305	1,275
	65 + SECONDARY	1,414	1,122	918	1,032	1,134	932	858	897	874
FAMILY	UNDER 30	\$1,048	\$829	\$679	\$762	\$842	\$690	\$634	\$664	\$647
	30 - 39	1,366	1,086	885	1,000	1,100	901	834	865	848
	40 - 49	1,758	1,397	1,139	1,282	1,412	1,157	1,067	1,115	1,087
	50 - 54	1,839	1,459	1,191	1,343	1,478	1,211	1,117	1,163	1,138
	55 - 59	2,335	1,852	1,510	1,702	1,873	1,535	1,416	1,479	1,443
	60 - 64	2,754	2,183	1,781	2,007	2,209	1,809	1,669	1,745	1,702
	65 + PRIMARY	3,489	2,767	2,262	2,547	2,803	2,295	2,120	2,209	2,158
	65 + SECONDARY	2,054	1,633	1,333	1,502	1,650	1,354	1,246	1,303	1,270

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*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 5000D (OFET)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$278	\$221	\$180	\$203	\$224	\$185	\$169	\$176	\$173
	30 - 39	373	298	243	273	300	245	226	239	231
	40 - 49	542	430	350	395	433	356	330	341	334
	50 - 54	651	516	421	474	522	429	394	412	404
	55 - 59	828	655	538	606	666	545	503	525	512
	60 - 64	1,037	824	671	758	835	682	628	655	642
	65 + PRIMARY	1,349	1,069	876	984	1,082	888	820	855	834
	65 + SECONDARY	766	610	497	561	617	504	466	485	476
EMPLOYEE AND SPOUSE	UNDER 30	\$587	\$466	\$381	\$429	\$472	\$385	\$354	\$372	\$362
	30 - 39	796	634	516	582	641	524	484	506	494
	40 - 49	1,105	878	719	809	890	729	670	702	685
	50 - 54	1,347	1,068	873	982	1,081	888	818	853	833
	55 - 59	1,712	1,361	1,109	1,248	1,373	1,124	1,040	1,084	1,059
	60 - 64	2,089	1,660	1,355	1,525	1,679	1,374	1,267	1,323	1,292
	65 + PRIMARY	2,572	2,042	1,667	1,878	2,065	1,694	1,563	1,629	1,589
	65 + SECONDARY	1,532	1,218	993	1,118	1,232	1,007	929	971	948
EMPLOYEE AND CHILD(REN)	UNDER 30	\$544	\$432	\$352	\$396	\$438	\$359	\$332	\$345	\$337
	30 - 39	679	540	441	497	545	449	412	430	420
	40 - 49	883	702	572	645	711	581	539	561	548
	50 - 54	972	771	632	711	781	640	591	615	602
	55 - 59	1,112	882	722	812	892	730	677	702	687
	60 - 64	1,293	1,026	839	943	1,036	851	784	816	800
	65 + PRIMARY	1,626	1,289	1,053	1,186	1,307	1,068	985	1,028	1,005
	65 + SECONDARY	1,115	886	724	814	895	734	677	707	688
FAMILY	UNDER 30	\$824	\$655	\$536	\$601	\$664	\$544	\$500	\$523	\$510
	30 - 39	1,077	857	698	788	868	712	655	683	668
	40 - 49	1,388	1,101	898	1,012	1,112	913	842	879	858
	50 - 54	1,450	1,151	939	1,059	1,165	956	882	919	897
	55 - 59	1,840	1,462	1,192	1,341	1,478	1,210	1,115	1,165	1,138
	60 - 64	2,171	1,721	1,405	1,582	1,740	1,427	1,315	1,374	1,341
	65 + PRIMARY	2,749	2,182	1,782	2,007	2,209	1,809	1,669	1,740	1,702
	65 + SECONDARY	1,619	1,288	1,051	1,183	1,299	1,068	982	1,026	1,002

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 5000D MHP (0G5X)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$279	\$222	\$182	\$204	\$224	\$186	\$169	\$177	\$174
	30 - 39	374	299	244	274	302	245	226	239	233
	40 - 49	544	431	351	396	436	359	331	343	336
	50 - 54	652	518	423	475	524	430	396	414	406
	55 - 59	831	659	540	609	668	547	504	527	513
	60 - 64	1,042	827	674	760	837	685	630	656	644
	65 + PRIMARY	1,354	1,074	878	987	1,086	892	822	858	837
	65 + SECONDARY	770	612	498	563	621	506	468	488	477
EMPLOYEE AND SPOUSE	UNDER 30	\$591	\$467	\$382	\$430	\$474	\$386	\$355	\$373	\$365
	30 - 39	800	637	517	585	642	526	486	507	496
	40 - 49	1,110	882	721	812	892	731	674	706	688
	50 - 54	1,352	1,072	878	986	1,084	891	822	856	836
	55 - 59	1,718	1,365	1,113	1,254	1,378	1,129	1,043	1,089	1,062
	60 - 64	2,097	1,666	1,360	1,532	1,684	1,381	1,272	1,328	1,297
	65 + PRIMARY	2,583	2,050	1,675	1,883	2,075	1,699	1,569	1,635	1,596
	65 + SECONDARY	1,536	1,221	995	1,121	1,236	1,012	934	973	952
EMPLOYEE AND CHILD(REN)	UNDER 30	\$545	\$435	\$354	\$398	\$439	\$360	\$333	\$346	\$339
	30 - 39	680	543	442	498	546	452	415	431	421
	40 - 49	887	706	574	647	714	583	540	564	550
	50 - 54	977	774	635	713	784	642	593	620	604
	55 - 59	1,116	886	725	814	896	734	679	706	688
	60 - 64	1,297	1,030	841	947	1,040	854	786	821	803
	65 + PRIMARY	1,632	1,294	1,057	1,192	1,312	1,071	989	1,032	1,009
	65 + SECONDARY	1,119	888	726	817	897	737	679	710	692
FAMILY	UNDER 30	\$828	\$656	\$538	\$603	\$666	\$546	\$502	\$525	\$512
	30 - 39	1,081	859	700	792	870	713	659	684	671
	40 - 49	1,392	1,105	901	1,015	1,117	915	845	883	860
	50 - 54	1,455	1,155	943	1,063	1,169	958	884	921	900
	55 - 59	1,847	1,466	1,195	1,347	1,482	1,214	1,120	1,170	1,142
	60 - 64	2,179	1,727	1,409	1,588	1,748	1,432	1,321	1,380	1,347
	65 + PRIMARY	2,761	2,189	1,790	2,015	2,217	1,816	1,677	1,748	1,707
	65 + SECONDARY	1,625	1,292	1,055	1,189	1,306	1,071	986	1,031	1,005

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 5000C (OFES)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$302	\$241	\$197	\$221	\$244	\$202	\$184	\$191	\$188
	30 - 39	406	324	263	297	327	266	247	259	252
	40 - 49	590	468	381	430	471	388	358	372	364
	50 - 54	708	561	458	515	568	467	429	447	439
	55 - 59	901	714	585	659	724	592	547	571	557
	60 - 64	1,128	897	730	824	908	741	682	713	698
	65 + PRIMARY	1,467	1,163	952	1,070	1,177	967	892	930	907
	65 + SECONDARY	833	665	540	610	672	548	507	528	518
EMPLOYEE AND SPOUSE	UNDER 30	\$639	\$507	\$415	\$466	\$514	\$419	\$386	\$404	\$394
	30 - 39	866	690	561	632	697	570	527	550	537
	40 - 49	1,202	954	782	881	968	793	729	764	745
	50 - 54	1,465	1,162	950	1,068	1,176	966	891	928	906
	55 - 59	1,863	1,481	1,206	1,359	1,494	1,224	1,132	1,180	1,151
	60 - 64	2,272	1,805	1,474	1,659	1,827	1,495	1,377	1,440	1,406
	65 + PRIMARY	2,799	2,222	1,814	2,043	2,248	1,842	1,700	1,773	1,729
	65 + SECONDARY	1,667	1,325	1,080	1,217	1,340	1,095	1,011	1,056	1,032
EMPLOYEE AND CHILD(REN)	UNDER 30	\$591	\$470	\$383	\$431	\$476	\$390	\$360	\$376	\$367
	30 - 39	738	588	480	540	592	488	447	468	457
	40 - 49	961	764	624	701	773	632	586	610	596
	50 - 54	1,058	839	687	773	850	696	643	670	655
	55 - 59	1,209	958	785	883	971	795	736	765	748
	60 - 64	1,407	1,116	912	1,025	1,127	926	853	888	870
	65 + PRIMARY	1,769	1,402	1,145	1,290	1,421	1,161	1,072	1,118	1,093
	65 + SECONDARY	1,213	964	787	886	974	799	736	768	750
FAMILY	UNDER 30	\$897	\$713	\$583	\$654	\$722	\$591	\$544	\$569	\$555
	30 - 39	1,172	933	760	858	944	774	714	742	726
	40 - 49	1,509	1,197	977	1,101	1,209	993	916	956	933
	50 - 54	1,578	1,251	1,022	1,151	1,268	1,040	958	999	976
	55 - 59	2,002	1,590	1,296	1,460	1,608	1,317	1,213	1,268	1,238
	60 - 64	2,361	1,873	1,528	1,721	1,893	1,552	1,431	1,494	1,459
	65 + PRIMARY	2,991	2,374	1,938	2,183	2,403	1,969	1,816	1,893	1,851
	65 + SECONDARY	1,762	1,402	1,143	1,286	1,414	1,161	1,068	1,117	1,091

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 5000C MHP (0G5W)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$303	\$242	\$198	\$222	\$245	\$203	\$184	\$193	\$188
	30 - 39	407	325	265	298	329	266	247	260	254
	40 - 49	591	469	382	431	474	390	359	373	365
	50 - 54	710	564	460	517	570	468	431	450	440
	55 - 59	904	717	587	663	726	595	548	573	558
	60 - 64	1,135	900	732	826	910	745	685	715	700
	65 + PRIMARY	1,473	1,168	955	1,074	1,182	970	895	933	909
	65 + SECONDARY	838	666	542	613	675	550	509	531	519
EMPLOYEE AND SPOUSE	UNDER 30	\$642	\$508	\$415	\$468	\$515	\$420	\$387	\$406	\$397
	30 - 39	870	692	563	636	699	573	529	552	540
	40 - 49	1,208	958	783	883	971	796	732	767	749
	50 - 54	1,470	1,166	954	1,073	1,180	969	894	932	908
	55 - 59	1,870	1,486	1,210	1,365	1,500	1,229	1,135	1,185	1,155
	60 - 64	2,281	1,812	1,479	1,667	1,832	1,502	1,383	1,445	1,411
	65 + PRIMARY	2,809	2,230	1,823	2,049	2,257	1,848	1,706	1,779	1,737
	65 + SECONDARY	1,671	1,328	1,083	1,220	1,345	1,101	1,016	1,059	1,036
EMPLOYEE AND CHILD(REN)	UNDER 30	\$593	\$473	\$385	\$433	\$478	\$392	\$362	\$377	\$369
	30 - 39	740	590	481	542	594	490	451	469	458
	40 - 49	965	767	625	705	776	634	588	614	598
	50 - 54	1,063	842	690	775	853	699	645	674	657
	55 - 59	1,214	964	788	886	975	799	739	767	750
	60 - 64	1,411	1,120	915	1,031	1,133	929	856	893	873
	65 + PRIMARY	1,776	1,408	1,150	1,296	1,427	1,165	1,076	1,123	1,098
	65 + SECONDARY	1,218	967	791	889	976	802	739	772	753
FAMILY	UNDER 30	\$901	\$715	\$585	\$656	\$724	\$594	\$546	\$571	\$557
	30 - 39	1,176	935	762	861	947	775	717	744	730
	40 - 49	1,513	1,202	980	1,104	1,215	996	919	959	936
	50 - 54	1,583	1,256	1,025	1,157	1,272	1,042	962	1,001	979
	55 - 59	2,010	1,594	1,300	1,465	1,612	1,321	1,219	1,273	1,242
	60 - 64	2,371	1,879	1,533	1,729	1,902	1,558	1,437	1,502	1,465
	65 + PRIMARY	3,003	2,382	1,947	2,192	2,413	1,975	1,825	1,902	1,858
	65 + SECONDARY	1,768	1,406	1,148	1,293	1,420	1,165	1,073	1,121	1,093

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 2500 PPO (Z270, 06Z7)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$293	\$229	\$193	\$210	\$229	\$188	\$174	\$183	\$176
	30 - 39	392	301	255	280	310	256	229	244	237
	40 - 49	569	441	368	403	448	368	336	354	341
	50 - 54	683	527	445	484	537	439	402	426	408
	55 - 59	873	671	567	620	687	563	510	544	525
	60 - 64	1,092	839	706	779	862	701	642	680	654
	65 + PRIMARY	1,417	1,093	920	1,008	1,120	914	839	882	853
	65 + SECONDARY	807	622	521	578	635	520	476	502	486
EMPLOYEE AND SPOUSE	UNDER 30	\$603	\$467	\$392	\$431	\$477	\$392	\$356	\$374	\$363
	30 - 39	810	625	522	579	638	522	480	506	487
	40 - 49	1,164	899	755	831	921	752	686	724	700
	50 - 54	1,417	1,093	920	1,008	1,120	914	839	882	853
	55 - 59	1,800	1,390	1,170	1,287	1,421	1,162	1,062	1,119	1,082
	60 - 64	2,199	1,696	1,430	1,568	1,734	1,419	1,299	1,368	1,323
	65 + PRIMARY	2,709	2,086	1,759	1,933	2,137	1,744	1,599	1,684	1,625
	65 + SECONDARY	1,612	1,240	1,048	1,151	1,277	1,040	950	1,000	969
EMPLOYEE AND CHILD(REN)	UNDER 30	\$555	\$429	\$365	\$397	\$442	\$357	\$332	\$347	\$334
	30 - 39	700	539	458	498	551	449	413	438	418
	40 - 49	938	719	609	667	738	602	550	583	559
	50 - 54	1,029	795	666	736	812	661	604	641	616
	55 - 59	1,177	905	763	839	927	758	692	732	706
	60 - 64	1,369	1,052	889	977	1,080	883	805	851	824
	65 + PRIMARY	1,719	1,325	1,114	1,226	1,356	1,109	1,016	1,068	1,028
	65 + SECONDARY	1,178	910	768	841	930	759	698	735	708
FAMILY	UNDER 30	\$855	\$660	\$552	\$608	\$674	\$549	\$503	\$531	\$515
	30 - 39	1,109	850	717	786	870	713	651	687	665
	40 - 49	1,467	1,131	953	1,044	1,158	945	865	910	883
	50 - 54	1,535	1,183	996	1,095	1,210	990	905	954	924
	55 - 59	1,946	1,500	1,263	1,389	1,535	1,252	1,146	1,209	1,170
	60 - 64	2,298	1,770	1,489	1,636	1,813	1,482	1,358	1,427	1,380
	65 + PRIMARY	2,909	2,241	1,887	2,076	2,295	1,874	1,717	1,811	1,747
	65 + SECONDARY	1,715	1,318	1,112	1,224	1,354	1,109	1,015	1,066	1,027

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 2500 PPO MHP (02FD, 070R)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$294	\$230	\$193	\$211	\$230	\$189	\$175	\$184	\$177
	30 - 39	395	303	256	281	311	257	230	245	238
	40 - 49	573	442	369	404	451	370	337	357	342
	50 - 54	686	529	447	488	540	440	403	427	409
	55 - 59	876	673	569	622	689	566	514	546	526
	60 - 64	1,095	841	708	782	865	704	645	683	657
	65 + PRIMARY	1,423	1,097	923	1,013	1,124	919	841	885	856
	65 + SECONDARY	812	624	523	580	638	522	478	504	488
EMPLOYEE AND SPOUSE	UNDER 30	\$606	\$468	\$394	\$432	\$479	\$394	\$359	\$376	\$364
	30 - 39	813	627	524	581	640	524	484	508	489
	40 - 49	1,169	903	759	834	924	754	688	727	702
	50 - 54	1,423	1,097	923	1,013	1,124	919	841	885	856
	55 - 59	1,808	1,394	1,174	1,293	1,426	1,167	1,067	1,123	1,087
	60 - 64	2,207	1,701	1,436	1,576	1,740	1,425	1,304	1,373	1,328
	65 + PRIMARY	2,721	2,095	1,765	1,940	2,146	1,751	1,605	1,689	1,632
	65 + SECONDARY	1,618	1,245	1,052	1,156	1,282	1,046	954	1,004	973
EMPLOYEE AND CHILD(REN)	UNDER 30	\$556	\$431	\$366	\$399	\$444	\$359	\$333	\$348	\$335
	30 - 39	704	541	459	499	553	452	414	439	420
	40 - 49	944	723	612	672	740	605	552	585	562
	50 - 54	1,032	797	669	739	815	665	607	644	618
	55 - 59	1,183	909	765	842	930	762	694	734	709
	60 - 64	1,374	1,057	892	982	1,084	887	808	856	827
	65 + PRIMARY	1,726	1,330	1,119	1,232	1,360	1,113	1,019	1,073	1,033
	65 + SECONDARY	1,184	913	770	844	934	764	703	737	711
FAMILY	UNDER 30	\$858	\$662	\$554	\$610	\$676	\$550	\$505	\$533	\$517
	30 - 39	1,113	855	719	789	873	715	653	689	668
	40 - 49	1,471	1,136	957	1,048	1,163	949	868	913	886
	50 - 54	1,540	1,187	999	1,099	1,215	994	909	957	928
	55 - 59	1,955	1,505	1,267	1,395	1,542	1,256	1,150	1,213	1,174
	60 - 64	2,306	1,777	1,494	1,644	1,820	1,488	1,364	1,433	1,386
	65 + PRIMARY	2,920	2,249	1,893	2,084	2,304	1,883	1,726	1,818	1,754
	65 + SECONDARY	1,720	1,324	1,117	1,229	1,358	1,112	1,018	1,070	1,032

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 3500 PPO (Z271, 06Z8)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$246	\$186	\$158	\$176	\$196	\$156	\$146	\$154	\$145
	30 - 39	330	255	213	236	260	211	196	206	198
	40 - 49	477	366	310	341	377	308	280	298	288
	50 - 54	572	446	373	411	454	368	341	357	347
	55 - 59	734	563	475	523	578	468	433	455	437
	60 - 64	918	706	597	655	723	591	541	569	550
	65 + PRIMARY	1,192	922	775	848	942	768	705	738	711
	65 + SECONDARY	679	523	439	484	536	437	399	421	406
EMPLOYEE AND SPOUSE	UNDER 30	\$508	\$394	\$331	\$362	\$403	\$326	\$302	\$317	\$304
	30 - 39	681	526	443	485	539	438	404	423	410
	40 - 49	981	757	634	697	776	629	578	608	587
	50 - 54	1,192	922	775	848	942	768	705	738	711
	55 - 59	1,517	1,169	981	1,078	1,194	974	895	941	903
	60 - 64	1,854	1,429	1,202	1,318	1,461	1,190	1,092	1,149	1,105
	65 + PRIMARY	2,279	1,758	1,478	1,624	1,797	1,463	1,344	1,416	1,361
	65 + SECONDARY	1,355	1,043	882	963	1,068	872	802	842	810
EMPLOYEE AND CHILD(REN)	UNDER 30	\$466	\$363	\$304	\$336	\$372	\$299	\$275	\$290	\$280
	30 - 39	588	453	383	420	462	377	350	365	353
	40 - 49	788	607	510	560	620	506	465	488	469
	50 - 54	868	667	564	618	684	559	511	534	514
	55 - 59	987	764	641	704	782	634	582	613	593
	60 - 64	1,152	885	749	820	908	738	680	716	688
	65 + PRIMARY	1,448	1,115	939	1,029	1,141	929	855	895	863
	65 + SECONDARY	988	765	645	706	783	637	586	616	594
FAMILY	UNDER 30	\$717	\$555	\$466	\$514	\$568	\$461	\$423	\$448	\$427
	30 - 39	931	718	605	663	734	601	551	578	556
	40 - 49	1,235	951	803	878	975	793	729	765	737
	50 - 54	1,291	997	837	920	1,021	829	763	802	770
	55 - 59	1,636	1,262	1,063	1,164	1,290	1,053	968	1,017	978
	60 - 64	1,933	1,488	1,253	1,375	1,527	1,241	1,142	1,201	1,150
	65 + PRIMARY	2,447	1,884	1,586	1,745	1,932	1,573	1,444	1,521	1,457
	65 + SECONDARY	1,441	1,111	938	1,028	1,139	928	852	895	858

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 3500 PPO MHP (02FE, 070S)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$247	\$186	\$158	\$177	\$198	\$156	\$147	\$154	\$146
	30 - 39	331	256	215	237	261	212	198	207	199
	40 - 49	478	367	311	343	380	309	282	299	289
	50 - 54	576	448	375	413	455	369	342	358	348
	55 - 59	737	565	477	526	580	471	436	456	439
	60 - 64	922	709	599	657	725	594	544	571	552
	65 + PRIMARY	1,196	926	778	851	947	771	708	741	713
	65 + SECONDARY	682	525	443	485	539	439	400	422	408
EMPLOYEE AND SPOUSE	UNDER 30	\$510	\$395	\$332	\$363	\$405	\$327	\$303	\$319	\$305
	30 - 39	685	528	445	487	541	441	406	424	410
	40 - 49	985	759	636	700	779	631	580	611	589
	50 - 54	1,196	926	778	851	947	771	708	741	713
	55 - 59	1,523	1,174	984	1,081	1,200	978	899	945	907
	60 - 64	1,861	1,434	1,207	1,324	1,466	1,194	1,097	1,154	1,109
	65 + PRIMARY	2,289	1,764	1,484	1,630	1,805	1,468	1,351	1,421	1,367
	65 + SECONDARY	1,360	1,049	885	967	1,073	875	806	844	813
EMPLOYEE AND CHILD(REN)	UNDER 30	\$468	\$366	\$305	\$337	\$373	\$300	\$276	\$291	\$281
	30 - 39	590	455	386	422	464	378	351	367	354
	40 - 49	791	609	512	563	623	508	467	490	471
	50 - 54	871	670	566	620	687	562	513	536	516
	55 - 59	991	767	644	707	785	636	585	615	595
	60 - 64	1,156	889	752	823	911	741	684	719	691
	65 + PRIMARY	1,454	1,120	942	1,033	1,145	933	858	899	866
	65 + SECONDARY	992	768	647	709	786	639	588	619	596
FAMILY	UNDER 30	\$719	\$557	\$468	\$516	\$570	\$462	\$425	\$450	\$431
	30 - 39	935	720	607	665	736	603	553	580	558
	40 - 49	1,242	954	807	882	978	797	731	768	739
	50 - 54	1,295	1,003	840	924	1,024	832	765	806	773
	55 - 59	1,642	1,266	1,067	1,171	1,296	1,058	971	1,020	982
	60 - 64	1,939	1,493	1,259	1,381	1,533	1,245	1,146	1,206	1,155
	65 + PRIMARY	2,456	1,891	1,594	1,752	1,939	1,578	1,449	1,526	1,462
	65 + SECONDARY	1,447	1,115	941	1,031	1,143	932	855	899	861

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 5000 PPO (Z272, 06Z9)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$210	\$161	\$137	\$153	\$168	\$134	\$123	\$132	\$125
	30 - 39	286	220	186	203	227	183	168	179	171
	40 - 49	411	317	267	296	329	264	246	257	249
	50 - 54	493	385	323	355	392	317	294	308	298
	55 - 59	633	487	411	452	498	405	377	394	378
	60 - 64	790	611	514	565	627	507	467	492	475
	65 + PRIMARY	1,024	797	671	735	813	661	609	643	619
	65 + SECONDARY	587	451	380	418	463	376	347	362	352
EMPLOYEE AND SPOUSE	UNDER 30	\$437	\$336	\$289	\$313	\$350	\$280	\$260	\$272	\$261
	30 - 39	589	453	382	419	465	378	351	363	353
	40 - 49	843	655	549	604	671	541	498	527	510
	50 - 54	1,024	797	671	735	813	661	609	643	619
	55 - 59	1,306	1,011	849	935	1,034	839	773	814	787
	60 - 64	1,593	1,234	1,040	1,140	1,263	1,024	944	994	960
	65 + PRIMARY	1,959	1,521	1,276	1,408	1,553	1,258	1,161	1,226	1,180
	65 + SECONDARY	1,166	903	765	836	926	749	692	730	703
EMPLOYEE AND CHILD(REN)	UNDER 30	\$401	\$314	\$264	\$290	\$320	\$260	\$240	\$253	\$245
	30 - 39	507	392	331	365	399	323	302	316	306
	40 - 49	678	523	441	486	535	436	403	425	408
	50 - 54	748	576	486	537	590	480	441	463	448
	55 - 59	851	660	556	611	677	546	504	531	512
	60 - 64	990	764	646	711	787	635	588	620	598
	65 + PRIMARY	1,245	964	810	890	984	800	740	777	749
	65 + SECONDARY	851	661	559	613	678	550	506	533	515
FAMILY	UNDER 30	\$616	\$479	\$404	\$444	\$490	\$394	\$365	\$386	\$372
	30 - 39	801	621	524	573	636	517	474	500	481
	40 - 49	1,061	821	692	762	843	683	628	666	640
	50 - 54	1,113	863	725	796	880	714	660	694	670
	55 - 59	1,408	1,092	918	1,009	1,116	906	835	878	849
	60 - 64	1,664	1,288	1,085	1,189	1,316	1,070	984	1,041	999
	65 + PRIMARY	2,107	1,629	1,373	1,510	1,667	1,353	1,246	1,313	1,268
	65 + SECONDARY	1,240	961	809	889	982	798	736	776	744

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 5000 PPO MHP (02FF, 070T)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$211	\$162	\$138	\$153	\$169	\$135	\$123	\$134	\$125
	30 - 39	287	221	186	204	228	183	169	179	172
	40 - 49	412	318	268	297	330	265	246	258	251
	50 - 54	496	386	324	356	394	318	295	309	299
	55 - 59	637	490	412	455	500	407	378	397	379
	60 - 64	793	613	516	567	630	508	469	494	477
	65 + PRIMARY	1,029	799	673	737	817	664	611	645	622
	65 + SECONDARY	589	453	381	419	465	377	349	364	353
EMPLOYEE AND SPOUSE	UNDER 30	\$438	\$338	\$290	\$314	\$351	\$281	\$261	\$273	\$262
	30 - 39	591	455	383	421	467	379	352	366	354
	40 - 49	846	659	551	606	673	543	500	529	512
	50 - 54	1,029	799	673	737	817	664	611	645	622
	55 - 59	1,311	1,015	852	938	1,038	842	776	818	789
	60 - 64	1,599	1,238	1,045	1,145	1,267	1,027	947	997	963
	65 + PRIMARY	1,967	1,526	1,281	1,414	1,560	1,263	1,165	1,231	1,184
	65 + SECONDARY	1,170	907	767	839	929	752	695	732	706
EMPLOYEE AND CHILD(REN)	UNDER 30	\$402	\$316	\$265	\$291	\$321	\$260	\$241	\$254	\$246
	30 - 39	509	393	332	366	402	324	303	317	307
	40 - 49	681	525	443	488	537	438	404	427	410
	50 - 54	750	579	487	539	592	482	443	465	450
	55 - 59	853	662	558	613	680	549	506	533	515
	60 - 64	994	767	648	713	790	637	590	623	600
	65 + PRIMARY	1,250	967	814	893	988	803	742	779	754
	65 + SECONDARY	853	663	562	615	681	552	508	535	517
FAMILY	UNDER 30	\$620	\$481	\$405	\$446	\$492	\$396	\$366	\$387	\$374
	30 - 39	804	623	526	575	639	519	476	501	482
	40 - 49	1,066	824	694	765	847	686	631	670	643
	50 - 54	1,116	866	728	799	884	717	662	698	672
	55 - 59	1,413	1,096	921	1,013	1,120	910	839	881	853
	60 - 64	1,669	1,295	1,090	1,195	1,322	1,074	988	1,044	1,002
	65 + PRIMARY	2,116	1,635	1,379	1,516	1,673	1,358	1,252	1,317	1,272
	65 + SECONDARY	1,245	965	812	892	985	801	739	779	747

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL (EF49, 06ZC)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$150	\$135	\$124	\$126	\$143	\$127	\$110	\$113	\$110
	30 - 39	183	171	148	164	181	155	140	145	142
	40 - 49	250	231	203	217	241	218	186	191	190
	50 - 54	331	307	274	300	324	292	249	257	252
	55 - 59	407	376	335	358	402	358	304	314	312
	60 - 64	530	485	439	470	528	477	389	400	405
	65 + PRIMARY	614	615	541	625	642	631	502	518	492
	65 + SECONDARY	250	252	241	279	285	274	202	210	225
EMPLOYEE AND SPOUSE	UNDER 30	\$436	\$396	\$361	\$384	\$425	\$391	\$325	\$334	\$329
	30 - 39	506	460	414	448	507	453	374	384	390
	40 - 49	492	466	416	451	507	448	375	385	390
	50 - 54	683	631	565	611	690	620	508	523	534
	55 - 59	841	776	691	752	839	765	630	648	649
	60 - 64	1,011	949	870	941	1,053	948	771	794	813
	65 + PRIMARY	1,422	1,428	1,258	1,449	1,481	1,454	1,157	1,193	1,145
	65 + SECONDARY	659	666	627	728	750	705	539	551	590
EMPLOYEE AND CHILD(REN)	UNDER 30	\$346	\$305	\$281	\$299	\$334	\$301	\$249	\$257	\$255
	30 - 39	369	337	299	322	362	330	274	281	278
	40 - 49	385	346	312	335	380	336	284	292	291
	50 - 54	456	408	367	398	451	402	331	340	350
	55 - 59	540	484	439	469	529	474	393	404	409
	60 - 64	664	604	552	594	667	597	492	505	517
	65 + PRIMARY	744	745	661	759	777	760	601	618	599
	65 + SECONDARY	294	291	282	321	322	313	231	237	249
FAMILY	UNDER 30	\$507	\$457	\$410	\$441	\$496	\$446	\$369	\$381	\$386
	30 - 39	574	520	466	496	562	502	419	429	434
	40 - 49	640	590	527	572	645	580	477	492	494
	50 - 54	769	691	621	678	756	688	562	577	588
	55 - 59	941	838	759	819	918	829	679	697	707
	60 - 64	1,173	1,061	965	1,047	1,180	1,053	857	883	915
	65 + PRIMARY	1,494	1,496	1,318	1,522	1,559	1,530	1,211	1,246	1,203
	65 + SECONDARY	695	694	652	774	789	738	568	584	616

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL MHP (02FG, 070U)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$151	\$136	\$125	\$127	\$144	\$128	\$110	\$114	\$110
	30 - 39	183	171	149	164	181	155	142	146	143
	40 - 49	251	233	204	218	242	219	186	192	191
	50 - 54	332	308	275	301	325	293	252	258	253
	55 - 59	408	377	337	361	403	361	305	316	314
	60 - 64	532	487	441	471	530	478	390	401	406
	65 + PRIMARY	616	618	543	627	647	634	504	520	494
	65 + SECONDARY	251	253	242	280	286	275	203	211	226
EMPLOYEE AND SPOUSE	UNDER 30	\$438	\$398	\$362	\$385	\$428	\$392	\$326	\$335	\$330
	30 - 39	509	462	416	450	509	455	375	385	391
	40 - 49	494	467	418	454	509	450	376	386	391
	50 - 54	685	634	567	613	692	623	510	525	536
	55 - 59	844	778	693	757	843	768	632	651	652
	60 - 64	1,015	954	874	946	1,058	953	773	798	817
	65 + PRIMARY	1,427	1,434	1,263	1,456	1,487	1,460	1,162	1,197	1,149
	65 + SECONDARY	662	669	629	732	756	708	541	553	592
EMPLOYEE AND CHILD(REN)	UNDER 30	\$348	\$306	\$282	\$300	\$335	\$302	\$252	\$258	\$256
	30 - 39	370	338	300	324	363	331	275	282	279
	40 - 49	386	348	313	336	381	337	285	293	292
	50 - 54	458	409	368	400	454	403	333	341	351
	55 - 59	543	487	440	471	531	475	395	405	410
	60 - 64	666	607	554	596	671	599	494	508	519
	65 + PRIMARY	748	748	664	763	781	764	604	620	602
	65 + SECONDARY	295	292	283	322	323	314	231	238	249
FAMILY	UNDER 30	\$510	\$459	\$411	\$443	\$498	\$449	\$371	\$384	\$388
	30 - 39	576	522	467	498	564	504	421	431	437
	40 - 49	642	593	529	574	648	582	478	494	496
	50 - 54	772	694	624	680	759	691	565	579	591
	55 - 59	944	842	763	823	922	832	681	701	710
	60 - 64	1,179	1,065	969	1,051	1,184	1,058	861	886	919
	65 + PRIMARY	1,501	1,501	1,323	1,528	1,565	1,537	1,217	1,250	1,208
	65 + SECONDARY	697	697	655	777	791	742	570	586	618

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL PLUS (EF50, 06ZB)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$180	\$165	\$149	\$152	\$173	\$153	\$133	\$136	\$127
	30 - 39	220	205	181	195	219	189	171	175	165
	40 - 49	302	278	246	261	289	264	225	231	219
	50 - 54	397	368	328	358	390	350	301	309	292
	55 - 59	491	452	403	432	483	433	366	377	364
	60 - 64	639	582	527	566	637	573	468	482	470
	65 + PRIMARY	737	742	650	752	772	761	606	622	572
	65 + SECONDARY	302	301	289	335	345	329	246	253	261
EMPLOYEE AND SPOUSE	UNDER 30	\$525	\$476	\$433	\$461	\$511	\$469	\$391	\$401	\$383
	30 - 39	609	555	498	540	610	546	451	462	453
	40 - 49	591	559	501	544	610	540	452	463	453
	50 - 54	819	762	679	736	829	745	611	631	618
	55 - 59	1,012	932	831	905	1,008	920	759	780	755
	60 - 64	1,218	1,144	1,046	1,133	1,268	1,142	929	956	944
	65 + PRIMARY	1,711	1,720	1,512	1,746	1,784	1,749	1,396	1,434	1,327
	65 + SECONDARY	794	800	753	877	904	851	648	664	685
EMPLOYEE AND CHILD(REN)	UNDER 30	\$417	\$366	\$336	\$358	\$402	\$361	\$300	\$308	\$298
	30 - 39	444	407	359	385	435	397	329	337	323
	40 - 49	464	417	375	404	458	405	340	352	339
	50 - 54	547	492	442	478	544	483	399	411	406
	55 - 59	650	585	528	564	637	571	475	487	475
	60 - 64	800	729	665	714	805	719	591	607	599
	65 + PRIMARY	893	898	796	912	937	914	724	744	696
	65 + SECONDARY	352	348	338	388	377	278	285	285	288
FAMILY	UNDER 30	\$609	\$549	\$494	\$533	\$598	\$539	\$445	\$459	\$449
	30 - 39	690	623	559	598	678	605	504	519	505
	40 - 49	770	709	635	688	776	699	574	591	575
	50 - 54	925	830	747	814	909	828	676	695	681
	55 - 59	1,131	1,010	913	985	1,103	997	819	840	821
	60 - 64	1,412	1,273	1,163	1,262	1,422	1,268	1,033	1,063	1,061
	65 + PRIMARY	1,799	1,799	1,585	1,831	1,875	1,842	1,459	1,501	1,396
	65 + SECONDARY	836	835	785	934	949	891	683	703	716

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL PLUS MHP (02FH, 070V)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$180	\$165	\$150	\$153	\$173	\$154	\$134	\$137	\$128
	30 - 39	221	207	181	196	220	190	171	175	165
	40 - 49	303	279	247	262	290	265	226	232	221
	50 - 54	398	369	329	361	391	352	302	310	293
	55 - 59	492	455	404	434	484	435	367	378	365
	60 - 64	641	584	529	568	640	575	469	483	472
	65 + PRIMARY	741	745	653	757	774	764	608	625	574
	65 + SECONDARY	303	302	290	337	347	330	247	254	263
EMPLOYEE AND SPOUSE	UNDER 30	\$527	\$477	\$435	\$463	\$513	\$471	\$392	\$402	\$384
	30 - 39	612	558	500	542	612	548	454	464	454
	40 - 49	593	563	503	546	612	542	455	464	454
	50 - 54	823	765	681	739	832	748	613	633	622
	55 - 59	1,015	936	834	909	1,012	923	762	783	757
	60 - 64	1,222	1,148	1,050	1,137	1,273	1,146	933	960	947
	65 + PRIMARY	1,719	1,726	1,517	1,752	1,791	1,756	1,401	1,439	1,333
	65 + SECONDARY	797	803	758	881	907	854	651	668	688
EMPLOYEE AND CHILD(REN)	UNDER 30	\$418	\$367	\$337	\$361	\$403	\$363	\$301	\$309	\$299
	30 - 39	445	408	360	387	436	399	330	338	324
	40 - 49	466	418	377	405	460	406	341	353	340
	50 - 54	549	494	443	479	547	485	401	412	409
	55 - 59	655	587	530	567	640	573	476	489	477
	60 - 64	802	732	667	717	808	721	593	610	602
	65 + PRIMARY	897	901	799	915	940	918	726	747	698
	65 + SECONDARY	354	349	339	390	390	378	279	286	288
FAMILY	UNDER 30	\$612	\$551	\$496	\$537	\$600	\$541	\$447	\$461	\$451
	30 - 39	693	626	561	600	681	607	506	521	507
	40 - 49	773	712	637	690	779	703	576	594	577
	50 - 54	928	833	750	817	913	831	678	698	684
	55 - 59	1,135	1,014	916	988	1,107	1,003	823	844	824
	60 - 64	1,418	1,280	1,168	1,267	1,427	1,273	1,037	1,067	1,065
	65 + PRIMARY	1,807	1,805	1,591	1,839	1,884	1,849	1,465	1,506	1,402
	65 + SECONDARY	839	839	788	937	953	895	686	707	719

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL PREFERRED (EF51, 06ZA)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$226	\$204	\$187	\$189	\$215	\$191	\$167	\$171	\$157
	30 - 39	276	258	224	244	273	236	211	218	201
	40 - 49	376	349	308	327	362	328	281	290	268
	50 - 54	495	461	411	450	485	441	376	387	358
	55 - 59	613	565	503	539	605	541	459	472	444
	60 - 64	796	729	659	707	796	718	583	601	575
	65 + PRIMARY	922	928	812	939	967	951	758	779	701
	65 + SECONDARY	376	378	360	420	431	411	307	317	318
EMPLOYEE AND SPOUSE	UNDER 30	\$655	\$597	\$544	\$574	\$640	\$586	\$488	\$501	\$467
	30 - 39	762	694	626	674	763	681	561	575	552
	40 - 49	740	700	629	679	763	674	562	579	552
	50 - 54	1,025	952	850	919	1,037	933	765	788	755
	55 - 59	1,265	1,165	1,037	1,131	1,263	1,152	946	977	922
	60 - 64	1,521	1,430	1,307	1,417	1,585	1,427	1,160	1,193	1,155
	65 + PRIMARY	2,142	2,149	1,892	2,180	2,230	2,189	1,743	1,793	1,625
	65 + SECONDARY	994	1,001	943	1,096	1,131	1,062	807	831	838
EMPLOYEE AND CHILD(REN)	UNDER 30	\$520	\$458	\$421	\$448	\$501	\$451	\$375	\$387	\$364
	30 - 39	555	507	447	483	544	496	412	422	393
	40 - 49	581	520	470	502	572	503	425	440	415
	50 - 54	687	612	552	600	680	602	497	513	497
	55 - 59	814	731	661	706	796	711	593	607	580
	60 - 64	998	908	831	894	1,008	898	737	761	733
	65 + PRIMARY	1,120	1,121	996	1,140	1,169	1,144	905	931	851
	65 + SECONDARY	441	437	423	483	484	470	349	359	353
FAMILY	UNDER 30	\$763	\$688	\$617	\$665	\$747	\$674	\$555	\$573	\$549
	30 - 39	863	780	702	745	846	758	629	648	618
	40 - 49	964	886	797	861	970	876	717	738	704
	50 - 54	1,156	1,039	935	1,018	1,138	1,034	845	869	833
	55 - 59	1,416	1,261	1,142	1,230	1,379	1,247	1,022	1,051	1,004
	60 - 64	1,766	1,594	1,454	1,576	1,776	1,585	1,290	1,329	1,298
	65 + PRIMARY	2,249	2,248	1,981	2,289	2,345	2,304	1,824	1,875	1,710
	65 + SECONDARY	1,045	1,046	983	1,169	1,187	1,116	855	878	875

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL PREFERRED MHP (02FJ, 070W)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$227	\$205	\$187	\$190	\$216	\$192	\$167	\$171	\$157
	30 - 39	277	259	225	245	275	237	212	219	202
	40 - 49	378	351	309	328	363	329	282	291	269
	50 - 54	497	463	413	452	487	443	377	388	359
	55 - 59	615	568	505	541	607	543	461	473	445
	60 - 64	800	732	662	709	799	721	585	604	577
	65 + PRIMARY	926	931	815	943	971	956	761	781	704
	65 + SECONDARY	378	379	362	422	433	413	308	319	321
EMPLOYEE AND SPOUSE	UNDER 30	\$660	\$599	\$546	\$576	\$643	\$589	\$490	\$503	\$469
	30 - 39	765	696	628	676	766	683	565	577	554
	40 - 49	743	703	631	681	766	676	566	582	554
	50 - 54	1,029	957	853	924	1,042	937	768	791	757
	55 - 59	1,271	1,171	1,042	1,135	1,268	1,156	951	981	925
	60 - 64	1,528	1,435	1,312	1,422	1,592	1,432	1,165	1,199	1,158
	65 + PRIMARY	2,150	2,158	1,900	2,190	2,238	2,197	1,750	1,801	1,630
	65 + SECONDARY	997	1,005	947	1,100	1,135	1,067	810	834	842
EMPLOYEE AND CHILD(REN)	UNDER 30	\$522	\$460	\$423	\$451	\$503	\$453	\$376	\$389	\$366
	30 - 39	558	510	449	485	546	497	414	424	395
	40 - 49	583	522	472	504	574	505	429	441	416
	50 - 54	690	615	554	602	683	604	499	515	499
	55 - 59	818	734	663	709	799	714	595	610	583
	60 - 64	1,003	911	834	897	1,011	901	740	764	737
	65 + PRIMARY	1,124	1,126	1,000	1,146	1,174	1,148	908	934	854
	65 + SECONDARY	443	439	425	485	486	472	350	361	354
FAMILY	UNDER 30	\$766	\$692	\$620	\$667	\$750	\$676	\$557	\$575	\$552
	30 - 39	867	784	704	748	849	761	632	650	619
	40 - 49	968	889	800	866	974	879	720	740	706
	50 - 54	1,162	1,042	938	1,022	1,144	1,038	849	872	836
	55 - 59	1,422	1,267	1,147	1,234	1,385	1,252	1,027	1,055	1,008
	60 - 64	1,774	1,601	1,459	1,584	1,784	1,591	1,295	1,335	1,303
	65 + PRIMARY	2,258	2,257	1,989	2,300	2,356	2,312	1,832	1,884	1,716
	65 + SECONDARY	1,050	1,049	987	1,173	1,191	1,120	858	881	878

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
HOSPITAL BENEFITS (X350)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$140	\$128	\$120	\$120	\$135	\$122	\$104	\$111	\$104
	30 - 39	172	163	144	152	170	149	132	142	133
	40 - 49	238	223	199	208	228	212	179	191	181
	50 - 54	316	297	268	283	307	282	237	254	240
	55 - 59	385	362	326	339	381	346	290	310	296
	60 - 64	502	470	431	446	501	458	367	395	387
	65 + PRIMARY	580	598	529	593	607	609	476	514	469
	65 + SECONDARY	238	242	234	265	274	263	193	207	213
EMPLOYEE AND SPOUSE	UNDER 30	\$415	\$384	\$352	\$365	\$403	\$374	\$308	\$330	\$313
	30 - 39	481	446	404	428	480	439	355	383	374
	40 - 49	466	453	410	432	480	432	357	385	374
	50 - 54	648	610	552	580	656	598	480	519	505
	55 - 59	799	748	675	715	798	735	596	642	620
	60 - 64	959	921	846	893	1,000	911	733	790	774
	65 + PRIMARY	1,350	1,381	1,229	1,375	1,409	1,401	1,101	1,184	1,090
	65 + SECONDARY	628	640	610	693	712	679	510	548	563
EMPLOYEE AND CHILD(REN)	UNDER 30	\$331	\$294	\$275	\$284	\$316	\$290	\$237	\$254	\$244
	30 - 39	353	326	292	307	345	319	259	278	265
	40 - 49	367	334	307	318	358	323	269	289	279
	50 - 54	435	396	360	382	431	389	311	336	332
	55 - 59	515	470	432	444	501	459	375	403	390
	60 - 64	632	585	537	563	634	574	466	500	492
	65 + PRIMARY	706	719	644	717	735	732	571	613	571
	65 + SECONDARY	279	281	277	303	307	301	218	236	237
FAMILY	UNDER 30	\$482	\$442	\$403	\$419	\$473	\$430	\$351	\$377	\$368
	30 - 39	544	502	455	471	535	485	400	429	414
	40 - 49	608	571	518	541	614	562	454	489	473
	50 - 54	730	666	609	642	716	665	533	574	557
	55 - 59	892	813	740	776	872	799	648	696	675
	60 - 64	1,112	1,027	947	996	1,123	1,015	811	874	872
	65 + PRIMARY	1,420	1,447	1,292	1,441	1,479	1,478	1,149	1,235	1,147
	65 + SECONDARY	660	672	635	734	745	715	542	580	589

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

Hospital BeneFits-Proposed Monthly Premium Rate

Annual Premium equals to monthly premium rate multiplied by 12.

9/30/2011 7:10 PM

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12

HOSPITAL BENEFITS PLUS (X351)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$169	\$157	\$143	\$145	\$164	\$147	\$127	\$135	\$124
	30 - 39	205	197	173	184	205	181	158	170	162
	40 - 49	281	263	240	247	274	252	212	227	214
	50 - 54	374	352	320	338	363	336	282	304	282
	55 - 59	458	431	390	406	455	413	345	371	354
	60 - 64	598	558	511	532	596	547	440	472	463
	65 + PRIMARY	694	711	630	704	725	722	566	608	558
	65 + SECONDARY	281	290	280	313	325	311	229	246	255
EMPLOYEE AND SPOUSE	UNDER 30	\$495	\$458	\$419	\$434	\$479	\$444	\$363	\$391	\$373
	30 - 39	571	530	481	505	572	521	422	456	444
	40 - 49	555	536	488	511	572	512	424	457	444
	50 - 54	773	731	657	692	778	709	573	618	603
	55 - 59	951	894	804	849	949	877	711	763	736
	60 - 64	1,143	1,096	1,009	1,064	1,189	1,087	872	938	920
	65 + PRIMARY	1,609	1,646	1,460	1,639	1,677	1,669	1,310	1,409	1,295
	65 + SECONDARY	745	768	729	824	849	805	606	653	668
EMPLOYEE AND CHILD(REN)	UNDER 30	\$392	\$347	\$326	\$337	\$375	\$346	\$282	\$303	\$290
	30 - 39	418	390	344	363	408	380	308	331	314
	40 - 49	436	401	364	374	429	383	318	340	331
	50 - 54	518	469	432	454	515	461	369	400	397
	55 - 59	608	558	513	528	595	543	445	479	463
	60 - 64	750	696	641	673	756	685	555	598	586
	65 + PRIMARY	840	855	771	855	874	871	681	733	681
	65 + SECONDARY	333	332	328	361	363	357	262	281	281
FAMILY	UNDER 30	\$572	\$525	\$479	\$500	\$559	\$512	\$416	\$447	\$439
	30 - 39	650	597	541	559	637	579	473	509	492
	40 - 49	724	680	615	644	728	669	538	579	563
	50 - 54	868	797	724	764	853	790	634	682	663
	55 - 59	1,060	968	880	925	1,038	948	767	826	801
	60 - 64	1,325	1,222	1,125	1,183	1,336	1,207	971	1,042	1,037
	65 + PRIMARY	1,690	1,722	1,535	1,718	1,760	1,753	1,367	1,472	1,365
	65 + SECONDARY	784	802	761	873	885	851	640	689	698

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

Hospital BeneFits Plus-Proposed Monthly Premium Rate

Annual Premium equals to monthly premium rate multiplied by 12.

9/30/2011 7:10 PM

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12

HOSPITAL BENEFITS PREFERRED (X352)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$177	\$163	\$153	\$149	\$170	\$153	\$131	\$141	\$131
	30 - 39	220	205	184	193	215	189	167	180	168
	40 - 49	299	281	254	262	293	267	224	243	226
	50 - 54	397	378	341	364	390	358	301	323	305
	55 - 59	492	464	416	436	490	444	368	396	378
	60 - 64	641	601	548	572	642	586	470	504	495
	65 + PRIMARY	746	767	678	761	780	779	609	655	601
	65 + SECONDARY	299	310	296	336	347	335	245	264	273
EMPLOYEE AND SPOUSE	UNDER 30	\$521	\$485	\$443	\$460	\$511	\$474	\$385	\$416	\$396
	30 - 39	608	565	510	539	610	553	446	480	471
	40 - 49	593	570	517	543	610	548	449	485	471
	50 - 54	827	778	700	738	841	763	612	657	643
	55 - 59	1,021	959	862	914	1,019	940	763	820	788
	60 - 64	1,230	1,179	1,081	1,146	1,282	1,170	938	1,008	990
	65 + PRIMARY	1,734	1,775	1,577	1,770	1,810	1,802	1,412	1,518	1,398
	65 + SECONDARY	799	821	778	884	911	869	648	697	716
EMPLOYEE AND CHILD(REN)	UNDER 30	\$411	\$369	\$341	\$355	\$396	\$362	\$295	\$317	\$305
	30 - 39	441	410	362	385	435	400	323	347	332
	40 - 49	459	421	382	399	453	405	335	361	350
	50 - 54	548	496	455	477	543	488	392	422	418
	55 - 59	651	597	544	565	636	579	470	505	492
	60 - 64	803	744	684	718	809	734	594	637	625
	65 + PRIMARY	899	918	822	918	940	935	729	784	727
	65 + SECONDARY	347	349	344	383	383	377	273	293	297
FAMILY	UNDER 30	\$599	\$553	\$504	\$528	\$594	\$540	\$438	\$471	\$459
	30 - 39	685	632	571	594	675	611	497	534	520
	40 - 49	764	721	653	681	773	708	567	610	597
	50 - 54	925	843	767	815	911	836	672	724	706
	55 - 59	1,134	1,032	939	987	1,111	1,014	818	882	853
	60 - 64	1,421	1,306	1,203	1,270	1,435	1,296	1,035	1,112	1,108
	65 + PRIMARY	1,816	1,852	1,650	1,850	1,896	1,891	1,472	1,582	1,467
	65 + SECONDARY	831	853	812	931	947	905	680	730	744

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

Hospital BeneFits Preferred-Proposed Monthly Premium Rate

Annual Premium equals to monthly premium rate multiplied by 12.

9/30/2011 7:10 PM

SERFF Tracking Number: AWLP-127674891 State: California
 Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2011-01930
 Company
 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: 01012012 Rate Filing
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Filing Cover Sheet		
Comments:		
Attachment:		
Cover Sheet.pdf		

	Item Status:	Status Date:
Satisfied - Item: Document Submission Formset		
Comments:		
Attachments:		
Document Submission Formset 1.pdf		
Document Submission Formset 2.pdf		

	Item Status:	Status Date:
Satisfied - Item: Rating Plans		
Comments:		
Please refer to the Third Party Actuarial Certification document		

	Item Status:	Status Date:
Satisfied - Item: Third Party Authorization		
Comments:		
Please note that due to space limitations, the certification had to be split into 2 separate files. The second file is a continuation of the first file.		
Attachments:		
Galasso_Report_CA_SmallGroup_1Q2Q_2012_09-30-11_CDI_B.pdf		
Galasso_Report_CA_SmallGroup_1Q2Q_2012_09-30-11_CDI_B Attachments.pdf		

SERFF Tracking Number: AWLP-127674891 State: California
Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2011-01930
Company
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: 01012012 Rate Filing
Project Name/Number: /

Item Status: **Status**
Date:

Satisfied - Item: Rate Summary Worksheet
Comments:
Attachment:
PJ Part 1_CA_SG_CDI_2012Q1_Draft_20110930.xlsx

Item Status: **Status**
Date:

Bypassed - Item: Consumer Disclosure Form
Bypass Reason: N/A
Comments:

Item Status: **Status**
Date:

Satisfied - Item: CA Rate Filing Forms
Comments:
Attachments:
RATEFILINGFORMv2 CDI.pdf
CaPlainLanguageFilingDescriptionV2 CDI.pdf
CARateFileSheet CDI.XLS
PlainLangSheet CDI.XLS
CDIratefilingform-10 Current Rate.xlsx
CDIratefilingform-10 Proposed Rate.xlsx

CALIFORNIA DEPARTMENT OF INSURANCE

Reset Form

FILING COVER SHEET for FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: State of California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): Anthem Blue Cross Life and Health Insurance Company <hr/> Submitter and Complete Mailing Address: Michael Cole - Actuarial Dir. Anthem Blue Cross Life and Health Insurance Company 2100 Corporate Center Drive (CANQ02-K000) Newbury Park, CA 91320 <hr/> Submission Date: 9/30/11
---	--

1. IDENTIFYING FORM NUMBER(S): Z270
 [The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))

Generic Description and Definition Citation	<u>Check Below</u>		Generic Description and Definition Citation	<u>Check Below</u>
Health Insurance [Hospital, medical, surgical insurance, expense-incurred or indemnity. §2202(a)(1)]	<input checked="" type="checkbox"/>	or	Credit Life and Disability [§2202(a)(6)]	
Group and Blanket Life and Non-health Disability [§2202(a)(2)]			Supplemental Life Benefits [§2202(a)(7)]	
Individual Disability, Non-health [§2202(a)(3)]			Variable Life and Annuities [§2202(a)(8)]	
Medicare Supplement [§2202(a)(4)]			Fraternalism [Non-health Disability. §2202(a)(9)]	
Long-Term Care [§2202(a)(5)]			Unclassified [§2202(a)(11)]	
* Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):				

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:	<input checked="" type="checkbox"/>		Individual Only:	<input type="checkbox"/>		Group and Individual:	<input type="checkbox"/>	
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4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees §2205(c)]

2 to 50 Employees:	<input checked="" type="checkbox"/>		Over 50 Employees:	<input type="checkbox"/>		All Employers:	<input type="checkbox"/>	
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5. REPLACES PREVIOUSLY-APPROVED DOCUMENT(S)? [Do any documents replace previously-approved documents. §2205(d)]

no

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds §2205(e)]

<u>Document(s)</u>	<u>Document(s)</u>

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

<u>Document Form Number</u>	<u>Document Class (from Item 2, above)</u>
	Health Insurance

8. Master Policy Form Number and Approval Date: _____

[Where a certificate is submitted for use with a previously approved “group” document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

SUBMITTER’S SIGNATURE AND TITLE: Michael G. Cole cn=Michael G. Cole, o, ou=Actuarial
Dir., email=michael.cole@wellpoint.
com, c=US

CALIFORNIA DOCUMENT SUBMISSION FORMSET

Reset Form

California Insurer Number: 3273-0 (NOT NAIC Number)		FOR DEPARTMENT USE ONLY		
Official Insurer Name: Anthem Blue Cross Life and Health Insurance Company		Our File #	Fee Code:	
Submitter and Complete Mailing Address: Michael Cole CANQ02-K000 2100 Corporate Center Drive Newbury Park, CA 91320		Reviewer:		
Submission Date: 9/30/2011		Dept Action Date:		
Document Form Number	Doc Type ("Policy," etc)	Document Coverage	Department Action	Fee
1 Z270, 06Z7	Rates			
2 02FD, 070R	Rates			
3 Z271, 06Z8	Rates			
4 02FE, 070S	Rates			
5 Z272, 06Z9	Rates			
6 02FF, 070T	Rates			
7 EF49, 06ZC	Rates			
8 02FG, 070U	Rates			
9 EF50, 06ZB	Rates			
10 02FH, 070V	Rates			
11 EF51, 06ZA	Rates			
12 02FJ, 070W	Rates			
13 X350	Rates			
14 X351	Rates			
15 X352	Rates			
16				
INSTRUCTIONS: Complete the part of the form to the left of the double vertical line. Enter one document to a numbered line. Use additional formsets if necessary. Be accurate - the copy of this form that we return to you will be your only record of our action on your submission. THIS IS NOT A BILL - DO NOT PAY. YOU WILL RECEIVE A SEPARATE FILING FEE INVOICE SHORTLY; REMIT FEES ONLY WITH THAT INVOICE.				Total \$ Cont'd on ___ pages

DSF 1.35

CALIFORNIA DOCUMENT SUBMISSION FORMSET

Reset Form

California Insurer Number: 3273-0 (NOT NAIC Number)		FOR DEPARTMENT USE ONLY		
Official Insurer Name: Anthem Blue Cross Life and Health Insurance Company		Our File #	Fee Code:	
Submitter and Complete Mailing Address: Michael Cole CANQ02-K000 2100 Corporate Center Drive Newbury Park, CA 91320		Reviewer:		
Submission Date: 9/30/2011		Dept Action Date:		
Document Form Number	Doc Type ("Policy," etc)	Document Coverage	Department Action	Fee
1 0FER	Rates			
2 0G5V	Rates			
3 0FEQ	Rates			
4 0G5U	Rates			
5 0FET	Rates			
6 0G5X	Rates			
7 0FES	Rates			
8 0G5W	Rates			
9				
10				
11				
12				
13				
14				
15				
16				
INSTRUCTIONS: Complete the part of the form to the left of the double vertical line. Enter one document to a numbered line. Use additional formsets if necessary. Be accurate - the copy of this form that we return to you will be your only record of our action on your submission. THIS IS NOT A BILL - DO NOT PAY. YOU WILL RECEIVE A SEPARATE FILING FEE INVOICE SHORTLY; REMIT FEES ONLY WITH THAT INVOICE.				Total \$ Cont'd on __ pages

DSF 1.35

Report Prepared By
Actuarial Services & Financial Modeling, Inc.
As Requested By
Anthem Blue Cross Life and Health Insurance Company
Regarding
**Small Group Rates to be Filed with the California Department of Insurance
For January through June 2012 Renewals**

Report Dated: September 30, 2011

By:

James P. Galasso, FSA, MAAA
President & Consulting Actuary
Actuarial Services & Financial Modeling, Inc.
5901 Peachtree Dunwoody Road, B-170
Atlanta, Georgia 30328

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I. GENERAL BACKGROUND AND SCOPE OF SERVICES

Actuarial Services & Financial Modeling, Inc. [dba Actuarial Modeling (“ActMod”)] was engaged to assist Anthem Blue Cross Life and Health Insurance Company (“Anthem”), by providing an actuarial review of certain small group health insurance rates developed by Anthem and filed with the California Department of Insurance (“CDI”).

Anthem is an affiliate of a large complex organization with overarching business plans and objectives. The scope of ActMod’s assignment was limited to the review of the health insurance rates developed by Anthem that were included in the rate filing (the “Rate Filing”) that is the subject of this report (the “Report”). This included our conducting an independent review of the actuarial methodologies and assumptions used by Anthem to establish the rates in the Rate Filing.

In addition to an independent review of the actuarial methodologies and assumptions used by Anthem to prepare the Rate Filing, our scope included a review of the supporting Actuarial Memorandum certified by Janet Chiu of Anthem (the “Actuarial Memo”). We have included the Actuarial Memo as Attachment 10 to this Report. Ms. Chiu, “Regional Vice President and Actuary I” with Anthem, is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries.

ActMod was also asked to prepare this Report to address the actuarial certification requirements described in CDI Guidance 1163:2 released April 5, 2011 regarding rate filing requirements for compliance with Senate Bill 1163 (“SB 1163 Guidance”) as regards our independent review of the Rate Filing.

Consistent with ActMod’s understanding of typical rate filing reviews by external actuaries, the scope of our engagement did not include a review of Anthem’s surplus condition. This is not something that ActMod, nor do we believe other external actuarial consultants, would typically review in the context of a rate filing. Additionally, we do not consider it necessary or an integral part of the rate filing review process.

The policies affected by the rates subject to review consist of the five benefit Plan Families that are summarized in the “Summary Table of Benefit Plans” in Section IV of this report. Anthem prepared the rates to be effective for months January through June of Calendar Year 2012. New business written during these months will also be written at these filed rates. This Report, our actuarial analysis, and our actuarial opinions are based on these assumed effective dates.

James P. Galasso, President & Consulting Actuary for ActMod, a Fellow in the Society of Actuaries and a Member of the American Academy of Actuaries prepared this Report. Mr. Galasso has over thirty years’ experience in actuarial work related to health care, has served as the Chief Actuary and Chief Financial Officer of large managed care organizations, and has provided actuarial consulting services to the health care industry. In these various capacities, Mr. Galasso has addressed the areas discussed in this Report on numerous occasions and meets the Qualification Standards for *Actuaries Issuing Statements of Actuarial Opinion in the United States* to issue the opinions contained herein. Mr. Galasso also meets the independence requirements stated in the California Insurance Code section 10181.6 (b)(3). Mr. Galasso’s curriculum vitae can be found as Attachment 1 to this Report.

Mr. Galasso applied the appropriate actuarial standards in conducting his review of the actuarial methodologies and calculations used by Anthem to prepare the Rate Filing.

SB 1163 Guidance is included in this Report in its entirety as Attachment 9; Section V of this Report summarizes the provisions and addresses compliance.

Please note that throughout this Report the definition of capitalized terms can generally be found in Attachment 13 (“Definitions and Industry Terminology”).

Various files provided to ActMod by Anthem and discussed in this Report enabled us to reach the opinions presented in this Report. The scope of this engagement included a detailed independent review of these files with respect to their accuracy, completeness, and methodologies in regards to compliance with the SB 1163 Guidance. ActMod approached this assignment by applying our best efforts to achieving these goals.

The estimates subject to review by this Report, of necessity, include projections of events that have not yet taken place (e.g. claims paid beyond the date for which information is available). While ActMod used accepted actuarial procedures in the review of these estimates, there can be no assurances that the ultimate actual projections will not differ materially from these estimates. While the definition of materiality is not objectively definable, we suggest that the reader of this Report consider as material variances greater than 2% from the projections discussed in this Report. Of course, the definition of materiality may vary based on the intended use by or the perspective of an individual or organization. In addition the accuracy of any estimates reviewed or discussed in this Report are dependent upon the availability and quality of the data received.

The detailed data (i.e. claim records, membership files, and premium receipts) that were required to prepare the Rate Filing were accepted as accurate and valid by ActMod without audit or detailed verification. Accordingly, ActMod is not able to provide assurances in this Report concerning the integrity of such information used in our analyses and on which our findings are based.

For certain items (e.g. establishment of Geographic Area, Age Factors, and the detailed source data upon which many of the assumptions in the Rate Filing are based), ActMod did not conduct a detailed review and relied on the information provided by the qualified actuary identified in Attachment 2 (the “Reliance Actuary”). Such reliance is typical and, we believe, universal when an external and independent actuary is asked to assist a company with complex actuarial issues – especially actuarial issues requiring the detailed review of a company’s own data. This Report identifies those instances for which we relied on the Reliance Actuary.

ActMod did review all data and information provided for general reasonableness. We have no reason to believe that any of the data or information provided is not accurate. Additionally, we believe our review addressed the appropriate issues and our conclusions presented herein are reasonable, given the information provided. From this point forward, the reader of this Report should assume that for certain data or information that we identified as having not been reviewed or audited by ActMod for other than general reasonableness (e.g. raw data and hard-coded data in electronic files provided), that we have no cause to believe that the information is not accurate.

Anthem was able and did provide all of the information requested by ActMod.

The scope of this engagement does not constitute a rendering by ActMod, its employees, or its agents of any legal advice, and because our engagement is limited in nature and scope, it cannot be assumed to provide all analyses that may have importance to Anthem or others in this matter.

Unless legally required to do so, this Report may not be copied, reproduced, or distributed to others at any time without the prior written consent of both parties. This Report may contain certain nonpublic information, and, accordingly, recipients shall treat this Report, and any nonpublic information made available hereunder, as confidential. Distribution of this Report must be in its entirety, including any Attachments or Appendices.

Nothing included in this Report may be included in any filing with the Securities and Exchange Commission.

Any reader of this Report must possess a substantial level of expertise in areas relevant to this analysis to appreciate the significance of the assumptions used in the analysis, and the impact of the assumptions on the illustrated results.

II. SUMMARY OF METHODOLOGIES USED FOR THE RATE FILING

Anthem constructed and followed several key methodologies that were used in the preparation of the Rate Filing. A summary description, followed by a detailed review, of each such methodology follows:

- A. **Gathering of Detailed Data** – The first step in preparing a Rate Filing is to capture the relevant data at the appropriate level of detail to support the analysis required. Anthem captured information for Membership, Premiums, Claims, and related information (e.g. benefit plan information, Large Claims Data, Paid Claims versus Allowed Claims, and medical claims versus Rx claims).
- B. **Medical Trend Analysis** – Medical Trends must be estimated to project medical costs from the Experience Period to the Rating Period. Anthem has elected to use what ActMod refers to as the “Corporate” approach to establishing basic Medical Trend estimates. This is in contrast to what we call the “Product-Specific” approach to establishing Medical Trend estimates.

Anthem applied the Corporate Medical Trend estimation process via the following three-step process:

- (1) Obtain basic Medical Trend estimates from a corporate team with the responsibility of evaluating data across multiple benefit plans and/or product categories to develop Medical Trend estimates considering corporate and possibly industry and/or macro-economic health care data. Anthem refers to this as the “Core Trend”. The Anthem corporate team responsible for developing these “Core Trends” is referred to as the “Health care management, Actuarial, Underwriting, and Sales” team, or “HAUS”.
 - (2) Review Product-Specific trends for products that may be experiencing trends materially outside the range assumed by HAUS. While the definition of materiality requires actuarial judgment, ActMod considers trend deviations of 10% material. For example, Product-Specific trends might be considered outliers if they fell outside a range of 90% to 110% of an assumed 10% annual trend assumption, or outside a range of 9% to 11%.
 - (3) Adjust the Core Trends to reflect the specific characteristics of the benefit plans being priced. This will generally include, for example, developing product-specific deductible leveraging trend factors, making actuarial adjustments for known or anticipated utilization impacts (e.g. consideration of Deterred or Induced Utilization), including an Adverse Deviation Factor, and/or adding a trend contingency or risk factor. Anthem considered outlier Product-Specific Trends in their establishment of Product-Specific Adverse Deviation Factors.
- C. **Evaluation of Benefit Plan Changes** – The Rate Filing reflects two categories of benefit plan changes:
 - (1) Benefit plan changes required to comply with ACA-mandated benefits; and

(2) Benefit plan changes introduced for existing benefit plans.

- D. **Establishing a Rate Development Process** – Once Anthem captured and completed the required backup analysis, they applied what is often referred to as a “Rate Development Process”. Anthem developed and followed a detailed Rate Development Process to determine the rate changes to be filed for this Rate Filing. In general, the Rate Development Process begins with data summarized for the Experience Period and applies the appropriate adjustments (i.e. the items described above in this Section II of the Report) to project the relevant parameters to the Rating Period, which includes the filed rate changes. The Rate Development Process develops the filed rate changes for the products impacted by this Rate Filing.
- E. **Capture and Analyze the Reporting Requirements of SB 1163 Guidance** – The final step for the purpose of preparing this Report involved capturing and documenting the various requirements of the SB 1163 Guidance (see Section V).

III. DETAILS OF METHODOLOGIES USED FOR THE RATE FILING

Following is a detailed description of ActMod’s review and opinions for each of the items summarized in Sections II. A. through C. above (item II. E. is discussed in Section V).

- A. **Gathering of Detailed Data** – Anthem gathered the data necessary to prepare the Rate Filing. The details of the data captured and used are described in the below discussion of the various methodologies. Anthem prepared the Rate Filing with information available such that the Rate Filing could be prepared, independently reviewed, and filed while leaving what was believed to be sufficient time for an adequate regulatory review.

Anthem captured claims payment data through June 30, 2011 to enable Anthem to estimate claim incurrals through April 30, 2011 (i.e. incurred claims are generally paid one or more months after the claim incurrence date; by capturing payment data through June 2011, Anthem can estimate claim incurrals through April 2011 with sufficient accuracy for this Rate Filing).

Membership and premium data was captured through April 30, 2011, consistent with the claim incurrence estimates.

ActMod believes that Anthem requested and used the appropriate data required to prepare the Rate Filing consistent with sound actuarial practices and principles.

- B. **Medical Trend Analysis** – Medical Trend Factors are critical to the development of actuarially sound projections for Medical Costs and Medical Loss Ratios. As noted in Section II of this Report, Anthem used what ActMod refers to as the “Corporate” approach to establishing basic Medical Trend estimates. Specifically, the Reliance Actuary based the Medical Trends for this Rate Filing on what are referred to as the HAUS Medical Trends. HAUS Medical Trends are used by various pricing disciplines within Anthem and are developed by a dedicated team of Anthem professionals.

The HAUS-based Medical Trends were used by the Reliance Actuary as the “Core Trends”. The Core Trends were further adjusted for Product-Specific Leveraging Factors and Product-Specific Adverse Deviation Factors.

The Product-Specific Adverse Deviation Factors range from a low of 0.5% (i.e. Anthem’s Standard Adverse Deviation Factor for its Small Group products) to 2.5%. As shown in Attachment 4, the Product-Specific Adverse Deviation Factors are as follows:

- (1) For the Copay Generic Rx and Lumenos HIA Plan Families, the Adverse Deviation Factor is equal to Anthem's Standard Adverse Deviation Factor of 0.5%.
- (2) For the Solution Plan Family, the Adverse Deviation Factor is 2.0% above Anthem's Standard Adverse Deviation Factor of 0.5% (i.e. 2.5%).
- (3) For the Elements and Hospital Benefits Plan Families, the Adverse Deviation Factor is 1.5% above Anthem's Standard Adverse Deviation Factor of 0.5% factor (i.e. 2.0%).

In ActMod's opinion, Anthem's Standard Adverse Deviation Factor of 0.5% is relatively low compared to the typical adverse deviation characteristic of Small Groups.

For the Solution and Elements/Hospital Benefits Plan Families, Anthem provided ActMod with analyses showing recent Product-Specific Medical Trends for these Plan Families. The analysis was for Core Medical Trends normalized for Age/Gender and exclusive of inpatient claims in excess of \$250,000 for the 12-month period ending April 2011 with claim run-out through June 2011. The Core Medical Trends were determined to be 19.1% and 14.1% for the Solution and Elements/Hospital Benefits Plan Families, respectively.

The 19.1% Product-Specific Core Trend for Solution is comparable to the 8.3% HAUS Core Trend for Solution shown on Attachment 4. In ActMod's opinion the 10.8 percentage point differential between the Product-Specific and HAUS Core Trends clearly suggests an outlier situation. It is also our opinion that the 2.5% Adverse Deviation Factor is at the lower end of what could be considered a reasonable adjustment to the Corporate Medical Trend to reflect the adverse Product-Specific Medical Trend. Given the extent of the variance between the Product-Specific Solution Trend and the HAUS Core Trends after adjusting for adverse deviation, we suggest that Anthem carefully monitor emerging experience to avoid potentially material financial losses and the need for future rate increases above Medical Trend for the Solution Plan Family.

The 14.1% Product-Specific Core Trend for the Elements/Hospital Benefits Plan Families is comparable to the 8.6% and 8.5% HAUS Core Trends shown on Attachment 4 for the Elements and Hospital Benefits Plan Families, respectively. In ActMod's opinion the approximate 5.5 percentage point differentials between the Product-Specific and HAUS Core Trends also clearly suggest outlier situations. Accordingly, it is our opinion that the 2.0% Adverse Deviation Factors for each the Elements and Hospital Benefit Plan Families are at the lower end of what could be considered a reasonable adjustment to the Corporate Medical Trends to reflect the adverse Product-Specific Medical Trend. Again, while the variance between Product-Specific Medical Trends and the HAUS Core Trends after adjusting for adverse deviation for these Plan Families are not as great as that noted above for the Solution Plan Family, we suggest that Anthem carefully monitor emerging experience and take timely action to the extent financial losses and the potential need for inordinately large rate increases above Medical Trend appears imminent.

In addition to the above considerations, ActMod also reviewed for reasonableness the Pricing Trends and Leveraging factors shown in Attachment 4. We note that the HAUS Core Trends range from a low of 7.4% to a high of 8.6% and average 8.2% for all Plan Families combined.

It is ActMod's opinion that this range falls at the lower end of industry norms for Medical Trends for a typical Small Group portfolio. We recognize that the significant slowdown in the national economy has constrained Medical Trends in recent months. We are concerned, however, that recent events (the coverage of preventive services at 100% in particular) may result in future Medical Trend increases not yet apparent in recent claim costs.

We also cite a comprehensive study published by PricewaterhouseCoopers LLP¹ (“PwC”) that projects 2012 Medical Trends as 8.5% and note that Anthem’s assumed average Core Trend of 8.2% is 0.3% below the PwC projection but within a reasonable range of the projection.

For the Leveraging Factors that are also shown in Attachment 4, ActMod reviewed a detailed benefit plan-specific analysis prepared by Anthem. In our opinion, the analysis was very carefully constructed and the results produce credible results for estimating the leveraging impact for each of the five Plan Families that are the subject of this Rate Filing.

In summary, ActMod reviewed the ultimate Pricing Trends determined and used by Anthem. In our opinion the Pricing Trends are actuarially sound and within but at the lower end of the reasonable range of industry trends for small group products. To the extent Pricing Trends impacted the filed rate changes, such rate changes would be higher had Anthem used Pricing Trends more consistent with what we believe are typical for small group products.

C. **Evaluation of Benefit Plan Changes**

(1) **ACA-mandated Benefit Changes**. This Rate Filing includes the following ACA-mandated benefit changes:

- (a) Elimination of \$5.0 million Lifetime Maximums
- (b) Dependent eligibility to the age of 26
- (c) Essential health benefit changes that consist of:
 - (1) Elimination of \$50 Lifetime Max for Smoking Cessation programs
 - (2) Elimination of the benefit dollar limit for in-network Mental Health and Substance Abuse Benefits
 - (3) Elimination of the benefit dollar limit for office visits and related services for the Hospital Benefits and Elements Plan Families.
- (d) Covering defined Preventive Services with no Member Cost Sharing.
- (e) Elimination of the pre-existing exclusion for children under 19 years of age (Note: for this Rate Filing, Anthem assumed that this would have no impact on projected claims costs for the Rating Period).

As noted in Column (B) of Attachment 3, the estimated average impact for the ACA-mandated benefits is 2.6%, ranging by Plan Family from 1.7% to 5.6%. ActMod reviewed the information provided by the Reliance Actuary for these estimates and, in our opinion, they are reasonable.

As described in the Actuarial Memorandum [Attachment 10(c)], the estimated percentage impacts for the ACA-mandated benefits were “dampened” since a portion of the Experience Period claims includes the initial impact of the ACA-mandated benefits (i.e. the ACA-mandated benefits became effective at the monthly renewal for each Subscriber renewing on and after October 1, 2010).

¹ Behind the Numbers; Medical Cost Trends for 2012; PricewaterhouseCoopers LLP; Health Research Institute; May 2011

- (2) Annual Benefit Changes. The average rate impact of benefit changes (e.g. changes in copays and deductibles) by Plan Family is shown in Column (A) of Attachment 3. The estimated average impact for the Annual Benefit Changes is a negative 2.6%, ranging from a negative 0.6% to a negative 9.1%.

ActMod reviewed the information provided by the Reliance Actuary for the Annual Benefit Changes and believe they are reasonable.

Column (C) of Attachment 3 shows the combined impact of the ACA-mandated Benefit Changes and the Annual Benefit Changes for all Plan Families combined as an immaterial negative 0.1%.

- D. **The Rate Development Process** – A Rate Development Process involves the integration of many of the assumptions discussed in Sections III. A. through C. above into a comprehensive analysis that progresses from the summary of basic data for a defined Experience Period through the development of actual historical premium PMPMs, the projection of claims for the Rating Period, the quantification of non-medical costs (e.g. taxes, administrative expenses, and profits), and ultimately the filed rate changes.

Anthem selected May 1, 2010 through April 30, 2011 with claim run-out through June 30, 2011 as the Experience Period.

The initial Rating Period (i.e. the Rating Period used for the detailed Rate Development Process described below) was defined by Members renewing in the first quarter of the 2012 Calendar Year. Specifically, the filed rates for the initial Rating Period are the rates for Small Groups renewing in January, February, and March of 2012.

A secondary Rating Period was defined by Members renewing in the second quarter of the 2012 Calendar Year. Specifically, the filed rates for the secondary Rating Period are the rates for Small Groups renewing in April, May, and June of 2012. The rates for this secondary Rating Period were developed by applying three months of Medical Trend to the rates developed for the Initial Rating Period. This effectively assumes that the experience for Members renewing in the second quarter of a calendar year is comparable to the experience for Members renewing in the first quarter of a calendar year. ActMod has no reason to believe this is not the case and, in our opinion, the methodology is reasonable. Consistent with sound business practices, ActMod also understands that it is Anthem's intent to continuously monitor emerging financial experience and, if deemed necessary, will file a modified version of this Rate filing with the CDI.

The basic Experience Period data used for the Rate Development Process (i.e. Members, Premium and Claims) were captured for only those Members with Anniversary Months (i.e. Renewal Cohorts) of January, February, and March.

Each Step Anthem followed for this Rate Filing is shown in Attachments 5(a) and 5(b) and consists of the following [note the below numbered items correspond to each numbered Step in Attachments 5(a) and 5(b)]:

- (1) Incurred Claims - These are the estimated claims that were incurred during the Experience Period (Note: "Incurred Claims" are always considered estimates since they always include an estimate for claims incurred but not yet paid). Claim payments used to estimate Experience Period Incurred Claims were those claims incurred during the Experience Period and paid on or prior to June 30, 2011.

- (2) Pooled Claims – Pooled Claims are calculated by aggregating at the Member level the portion of any claim payments during the Experience Period that exceeded \$100,000 (for example, if \$175,000 was paid for a Member, \$75,000 would be considered “Excess” or “Pooled” claims for that Member). Claim payments used to determine Pooled Claims were those claims incurred during the Experience Period and paid on or prior to June 30, 2011.
- (3) Incurred Claims w/ Pool Charge – Anthem reviewed all claims for all the California Small Group Plan Families subject to this Rate Filing to calculate a “Pool Charge” for claims in excess of \$100,000. The “Pool Charge” was calculated as follows:

(i) Total Incurred Claims during the Experience Period

(ii) Total Incurred Claims during the Experience Period exclusive of “Excess Claims” over \$100,000.

Pool Charge = (i) / (ii) – 1.0

“Incurred Claims w/ Pool Charge” for each benefit plan is then calculated as follows:

(i) Incurred Claims exclusive of “Excess Claims”

(ii) (1.0 + Pool Charge)

“Incurred Claims w/ Pool Charge” = (i) x (ii)

Note that since the Pooled Claims were defined by the Plan Families in this Rate Filing, the Incurred Claims w/ Pooled Charge for all Plan Families combined is exactly equal to the Incurred Claims for all Plan Families combined exclusive of Pooling. That is, the Pool Charge allocates large claims across all Plan Families such that the Incurred Claims w/ Pooled Charge may differ from the Incurred Claims exclusive of Pooling for an individual Plan Family. But for all Plan Families combined, the Pooled Charge is exactly equal to the total of all identified large claims.

Given the aggregate size of the claims in the Experience Period (i.e. over \$140 million of claims), ActMod concurs that this is a credible block of business for which the aggregate Pooled Charge can be reasonably assumed to equal the actual large claims incurred in the aggregate. Accordingly, it is ActMod’s opinion that Anthem’s pooling methodology is reasonable and actuarially sound.

- (4) Rx Rebates – these are Anthem estimated amounts that are offsets to incurred claim estimates and prorated across benefit plans. The estimated value is shown as a negative \$2.50 PMPM for all Plan Families with the exception of the Copay Generic Rx Plan Family since payment for Generic Drugs does not generate Rx Rebates. ActMod relied on the Reliance Actuary for this estimate.
- (5) Medical Management Expenses – these are Anthem estimated amounts that represent the ACA-defined Medical Management Expenses that are expected to improve the delivery of medical care. ActMod relied on the Reliance Actuary for the \$3.42 PMPM for this estimate.
- (6) Inc’d Claims (w/ Rx rebates, Med Mgmt Reclass) = Step (3) + Step (4) + Step (5)
- (7) Premium Earned – these are the premiums earned during the Experience Period.

- (8) Loss Ratio (Incl Rx Rebates & Med Mgmt Exp) = Step (6) / Step (7)
- (9) Member Months – these are the Member Months during the Experience Period for Members with January, February, and March Anniversary Months. The Experience Period Premiums and estimated Incurred Claims were those generated by these same Members.
- (10) Premium PMPMs at current rate tables – these Premium PMPMs are calculated from the premium rate tables in effect immediately prior to the initial Rating Period for this Rate Filing (i.e. rate tables in effect for October 2011 through December 2011). The Premium PMPMs are based on the Subscriber distribution by Plan Family as of the last month of the Experience Period (i.e. April 2011) for Subscribers with renewal dates of January through March. The current premium rate tables are applied to month-by-month Subscriber demographic factors for the Experience Period to ensure consistency when relating the “Proj’d Incurred Claim PMPM (All in; Final) [see Step (17) below] to these “Premium PMPMs at current rate tables”.

ActMod relied on the Reliance Actuary for the detailed month-by-month application of the current premium rate tables (i.e. the premium rate table in effect for the calendar quarter October 1, 2011 through December 31, 2011) to the subscriber demographics in effect for each month of the Experience Period. We were provided and reviewed for reasonableness the monthly summary of the Experience Period member months and average premiums at current rates for the subscriber demographics by benefit plan.

ActMod reviewed the methodology used to develop the “Premium PMPMs at current rate tables” and the resulting Premium PMPMs. In our opinion, the methodology is actuarially sound, was applied appropriately, and developed reasonable Premium PMPMs.

- (11) Trend Months – these are the number of Trend Months between the midpoint of the Experience Period and the midpoint of the Rating Period. Anthem determined the midpoint of each the Experience Period and the Rating Period for each Plan Family by weighting the appropriate months with the corresponding Membership for each month. As shown in Column E of Attachment 4, the average number of Trend Months across all Plan Families between the midpoint of the Experience Period and the midpoint of the Rating Period was calculated as 20.66 months.
- (12) Annual Medical Trend Factor. The Annual Trend Factors were determined as described in Section III. B. and are summarized in Column D of Attachment 4.
- (13) HCR – After Dampening – this is an adjustment necessary to reflect the Health Care Reform Benefits mandated by ACA and described above in Section III. C. (1) and summarized in Column B of Attachment 3. The “After Dampening” refers to the fact that the benefits were effective with Members renewing coverage effective October 1, 2010. Accordingly, the claims incurred during the Experience Period include a portion of these mandated benefits. The “dampened” adjustment for these benefits are net of the estimated amount included as claims incurred during the Experience Period.
- (14) ABC Adjustments – this is the adjustment necessary to reflect the Annual Benefit Changes described above in Section III. C. (2) and summarized in Column A of Attachment 3.

- (15) Projected Rx Rebates PMPM – these are Anthem estimated amounts projected for the Rating Period that are offsets to incurred claim estimates and prorated across benefit plans. The estimated value, consistent with that estimated for the Experience Period, is shown as a negative \$2.50 PMPM for each Plan Family other than the Copay Generic Rx Plan Family since, as previously noted, payments for Generic Drugs do not generate Rx Rebates. ActMod relied on the Reliance Actuary for this estimate.
- (16) Projected Medical Mgmt Reclass PMPM – these are Anthem estimated amounts that represent the ACA-defined Medical Management Expenses that are expected to improve the delivery of medical care. The estimated value, consistent with that estimated for the Experience Period, is shown as a positive \$3.42 PMPM. ActMod relied on the Reliance Actuary for this estimate.
- (17) Proj'd Incurred Claim PMPM (All in; Final) = this value is calculated as follows:
- (a) Apply the Annual Medical Trend Factor [Step (12)] and the Trend Months [Step (11)] to the Incurred Claims w/ Pooled Charge [Step (3)].
 - (b) Add the Projected Rx Rebates and the Medical Management Reclassified Expenses [Step (15)] and [Step (16)] to the projected claims incurred in the above Step (17)(a).
- (18) Member Months (4/11 for Most Recent) = these are the Member Months for April 2011, the last month of the Experience Period.
- (19) Selling Expenses (assume 8.55% of Prem) – the PMPMs shown are calculated as 8.55% of the Filed Premium PMPM in Step (25) below. The 8.55% represents the average sales commission and was provided to ActMod by the Reliance Actuary.
- (20) Admin Expenses (PMPM) – these PMPMs represent Anthem's general operating expenses and were provided to ActMod by the Reliance Actuary.
- (21) Comp Eff Research Fee (PMPM) – these PMPMs represent the innovative research Anthem is undertaking to measure the Comparative Effectiveness of various medical procedures and outcomes. The PMPM estimates were provided to ActMod by the Reliance Actuary.
- (22) Premium Taxes (PMPM) - these PMPMs are derived by applying California's Premium Tax Rate of 2.35% to the Filed Premium PMPM in Step (25) below.
- (23) Profit & Contingencies (PMPM) – this is the amount of Premium retained by Anthem (before paying federal and state income taxes) after paying all claims incurred, administrative expenses, taxes, etc. The amount represents both profit and the insurance risk involved in offering health care plans. It is equal to:
- Step (25) – [Step (17) + Step (19) + Step (20) + Step (21) + Step (22)]
- (24) Filed Rate Change – these are the average percentage rate changes by Plan Family placed on file with the CDI.
- (25) Filed Premium PMPM = $[1.0 + \text{Step (24)}] \times [\text{Step (10)}]$
- (26) GAAP-defined MLR – this is defined as Step (17) / Step (25)
- (27) Q211 Rate Change – these are the average Rate Changes that resulted in the Rate Tables effective for the second quarter of the 2011 Calendar Year (i.e. the increase over the rates in effect for the first quarter of the 2011 Calendar Year).

- (28) Q311 Rate Change – these are the average Rate Changes that resulted in the Rate Tables effective for the third quarter of the 2011 Calendar Year (i.e. the increase over the rates in effect for the second quarter of the 2011 Calendar Year).
- (29) Q411 Rate Change – these are the average Rate Changes that resulted in the Rate Tables effective for the fourth quarter of the 2011 Calendar Year (i.e. the increase over the rates in effect for the third quarter of the 2011 Calendar Year).
- (30) Q212 Filed Rate Change – these are the rate changes being filed for Members renewing in the second quarter of the 2012 Calendar Year. The aggregate increase for all Plan Families combined is equal to 3 months of aggregated Medical Trends; i.e.:

$$\{1 + [\text{Step (12)}]\}^{(1/4)} - 1.0 = (1 + .121)^{(1/4)} - 1.0 = 2.9\%$$
- (31) Q112 Renewal Rate Change (Annual) – these are the annualized rate changes for Members renewing in the first quarter of the 2012 Calendar Year. They reflect the current filed quarterly Rate Change effective for Members renewing in the first quarter of the 2012 Calendar Year and each of the three prior quarterly rate changes. This is an estimate of the actual rate change to be charged Members renewing in the first quarter of the 2012 Calendar Year.
- (32) Q212 Renewal Rate Change (Annual) – these are the annualized rate changes for Members renewing in the second quarter of the 2012 Calendar Year. They reflect the current filed quarterly Rate Change effective for Members renewing in the second quarter of the 2012 Calendar Year and each of the three prior quarterly rate changes. This is an estimate of the actual rate change to be charged Members renewing in the second quarter of the 2012 Calendar Year.

ActMod conducted a detailed review of Anthem’s methodologies and assumptions with respect to the Rate Development Process and believe they are actuarially sound and the assumptions reasonable.

IV. SUMMARY OBSERVATIONS AND OPINIONS

The below table summarizes the recommended rate changes and the expected Medical Loss Ratios.

Table IV-A Summary of Anthem's Filed Rate Changes and MLRs: Including Benefit Changes

Plan Family	Average Members April 2011 ⁽²⁾	Filed Average Rate Changes ⁽¹⁾				Medical Loss Ratio
		Quarter 1		Quarter 2		GAAP-defined
		Quarter 2012 ⁽³⁾	Annual 2012 ⁽⁴⁾	Quarter 2012 ⁽⁵⁾	Annual 2012 ⁽⁶⁾	
Solution	35,502	0.8%	7.3%	3.5%	7.3%	87.8%
Elements	19,548	0.5%	4.3%	2.5%	3.0%	75.0%
Copay Generic Rx	22,930	0.0%	3.2%	2.5%	2.5%	65.0%
Lumenos HIA	629	0.0%	5.0%	2.5%	2.5%	54.9%
Hospital Benefits	<u>2,045</u>	<u>0.4%</u>	<u>4.2%</u>	<u>2.5%</u>	<u>2.9%</u>	<u>56.3%</u>
Total	80,654	0.4%	5.3%	2.9%	4.7%	76.8%
			ACA-defined Medical Loss Ratio ⁽⁷⁾			80.0%

⁽¹⁾ Rate Changes as filed including benefit plan changes; see Table IV-B below for impact of benefit plan changes on Quarter 1 2012 rate changes

⁽²⁾ Members with January, February, and March Anniversary Months

⁽³⁾ Quarterly rate change from October–December 2011 to January–March 2012 Rate Tables

⁽⁴⁾ Annual rate change from January–March 2011 to January–March 2012 Rate Tables

⁽⁵⁾ Quarterly rate change from January–March 2012 to April–June 2012 Rate Tables

⁽⁶⁾ Annual rate change from April–June 2011 to April–June 2012 Rate Tables

⁽⁷⁾ As estimated and shown in Attachment 12

Anthem generally updates its Small Group Rate Tables each calendar quarter. New business enrolls at the rate levels in place as of the group's effective date. Renewal business renews at the rate levels in place for the renewal month. Since groups typically renew annually on their Anniversary Month, the rate change for a renewal group will generally be the change between the Rate Table in effect as of a group's renewal month and the Rate Table in effect 12-months prior to the group's renewal month.

ActMod notes that there is no California-specific statutory or regulatory guidance regarding benefit plan-specific Medical Loss Ratios for Small Groups. We note, however, that the ACA-defined Medical Loss Ratio of 80.0% in Table IV-A (as estimated in Attachment 12) for the products subject to this Rate Filing, in the aggregate, meets the ACA minimum loss requirement of 80.0%. Ultimate compliance with the ACA-defined Medical Loss Ratio is not measureable until the close of a calendar year and involves an evaluation of a company's entire product portfolio for a defined market segment (e.g. the Small Group market segment).

We also note that the California Insurance Code Section 10700 permits rates to vary between 90% and 110% of the standard employee risk rate for a particular Small Group based upon any expected deviations from standard claims. While ActMod did not review the group-by-group determination of the RAF, the Reliance Actuary stated that “Upon group renewals, group specific claim experience and utilization are factored into RAF setting and renewal negotiation.” We relied on the Reliance Actuary’s statement that Anthem complies with the group-by-group provisions of the California Code with respect to the application of standard employee risk rating.

Table IV-B below compares the Quarter 1 2012 Filed Rate Changes to what they would have been in the absence of benefit plan changes.

Table IV-B Summary of Anthem’s Filed Rate Changes; Benefit Change Impact

Plan Family	Average Members April 2011 ⁽¹⁾	Quarter 1 2012 Average Rate Changes	
		As Filed	Assuming no Benefit Plan Changes
Solution	35,502	0.8%	(0.3%)
Elements	19,548	0.5%	5.0%
Copay Generic Rx	22,930	0.0%	(1.0%)
Lumenos HIA	629	0.0%	(0.7%)
Hospital Benefits	<u>2,045</u>	<u>0.4%</u>	<u>4.2%</u>
Total	80,654	0.4%	0.5%

⁽¹⁾ Members with January, February, and March Anniversary Months

In our opinion, Table IV-B shows that the impact of benefit plan changes on the Quarter 1 2012 Average Rate Change is immaterial (i.e. 0.4% versus 0.5%).

Based on our detailed review of the Rate Filing development methodologies and assumptions, and a review of the above rate changes and expected Medical Loss Ratios, it is ActMod’s opinion that the Rate Filing is actuarially sound and the assumptions reasonable. Accordingly, we believe that the recommended rate changes are reasonable and the benefits provided are reasonable in relation to the recommended rates.

V. COMPLIANCE WITH SB 1163 GUIDANCE

The specific requirements of the SB 1163 Guidance are included below in **Bold Type** in whole or in summary form for the reader's convenience and for reference purposes. The complete copy of the SB 1163 Guidance is included as Attachment 9. ActMod's response regarding compliance is noted immediately below each provision:

Section A: Unreasonable Rate Increases:

- 1) The relationship of the projected medical loss ratio to the federal medical loss ratio standard in the market segment to which the rate applies, after accounting for any adjustments allowable under federal law.**

The ACA-defined Medical Loss Ratio for the products subject to this Rate Filing is presented in Table IV-A of Section IV of this Report. The details behind the development of the ACA-defined Medical Loss Ratio are presented in Attachment 12. As noted, the ACA-defined Medical Loss Ratio, in the aggregate, meets the ACA minimum loss requirement of 80.0%. Ultimate compliance with the ACA-defined Medical Loss Ratio is not measureable until the close of a calendar year and involves an evaluation of a company's entire product portfolio for that calendar year for a defined market segment (e.g. the Small Group market segment).

- 2) Whether the assumptions on which the rate increase is based are supported by substantial evidence.**

As noted throughout this Report, it is ActMod's opinion that Anthem's Rate Filing assumptions are reasonable and supported by substantial and documented evidence. ActMod notes that "substantial" is a subjective non-actuarial term. But for the purposes of this Rate Filing review, ActMod defines substantial as the methodologies and applications of the methodologies as sufficient to reach the actuarial judgments presented throughout this report – including our opinion of the reasonableness of the filed rate changes. In addition to the methodologies themselves, we also include in the definition of substantial our belief that the data relied upon for the application of the methodologies was credible and adequate for the task. This definition is consistent with the review of this Rate Filing that was performed by ActMod.

- 3) Whether the choice of assumptions or combination of assumptions on which the rate increase is based is reasonable.**

As noted throughout this Report, it is ActMod's opinion that Anthem's methodology and choice of Rate Filing assumptions are reasonable. ActMod notes that while "reasonable" is a subjective term, actuaries often review rate filings and apply "actuarial judgment" to develop opinions regarding the reasonableness of benefits in relation to premiums charged. For the purpose of this Rate Filing, ActMod defines reasonable as having sufficient, credible, and relevant data such that an experienced actuary could review the available information and make an informed judgment by applying actuarial standards to determine the reasonableness of each relevant assumption used in the preparation of the Rate Filing. This definition is consistent with the review of this Rate Filing that was performed by ActMod.

- 4) **Whether the data, assumptions, rating factors, and methods used to determine the premium rates, or documentation provided to the Department in connection with the filed rate increase are incomplete, inadequate, fail to provide sufficient clarity and detail such that a qualified health actuary could not make an objective appraisal of the reasonableness of the rate, or which otherwise does not provide a basis upon which the reasonableness of the rate may be determined.**

It is ActMod's opinion that the information that Anthem, in conjunction with this detailed Report, has provided the CDI for the Rate filing is adequate, complete, and a reasonable basis for the CDI's review of the Rate Filing. In addition to the rate tables Anthem filed with the CDI, Anthem prepared and provided ActMod Attachment 10, an Actuarial Memorandum prepared by the Reliance Actuary that provides further support for the Rate Filing.

Accordingly, it is ActMod's opinion that the data and documentation provided to the CDI in connection with the filed rate increases is sufficient and adequate for the CDI to determine the reasonableness of the requested rate changes.

- 5) **Whether the filed rates result in premium differences between insureds within similar risk categories that:**

- a) **Are otherwise not permissible under applicable California law; or**

In ActMod's opinion, the Rate Filing has no rates or rating classifications between insureds that are not permissible under applicable California law.

- b) **Do not reasonably correspond to differences in expected costs.**

For the factors reviewed by ActMod (e.g. medical costs by Plan Family), we believe the differences in expected costs are reasonable. The development of certain aspects regarding cost differentials, such as geographic area factors and age factors, were not reviewed by ActMod. We relied on the Reliance Actuary identified in Attachment 2 for the development of these factors. We did review the methodologies that used such factors and, in our opinion, both the methodologies and the application of the methodologies are actuarially sound.

In ActMod's opinion reliance on other qualified actuaries in the preparation of a Rate Filing is typical and, we believe, universal when an external and independent actuary is asked to assist a company with complex actuarial issues – especially actuarial issues requiring the detailed review of a company's own data.

Based on the above, it is ActMod's opinion that the premiums and rate changes in the Rate Filing do reasonably correspond to differences in expected costs.

- 6) **Whether the specific, itemized changes that led to the requested rate increase are substantially justified by credible experience data for the prior three years, including comparisons of experience data to projections submitted as support for prior rate filings.**

ActMod reviewed the itemized changes (e.g. membership, premium, and claims information) in great detail and believe they are all justified by credible experience. We note that the 12-month Experience Period upon which this Rate Filing is based includes over \$140 million of claims [see the Rate Development Attachment 5(a); Step (1)]. In ActMod's opinion, this level of claims would be considered credible by any experienced health care actuary. Accordingly, it was not deemed necessary or consistent with generally accepted actuarial practices to base the Rate Filing on three years of experience.

Therefore, it is ActMod's opinion that the requested rate changes are substantially justified by credible experience data.

7) The rate of return of the insurance company and the parent corporation/ultimate controlling party of that insurer, evaluated on a return-on-equity basis, for the prior three years, and anticipated rate of return for the following year, taking into account investment income.

Anthem provided ActMod what is included in this Report as Attachment 6 (for the insurer). Attachment 6 notwithstanding, the rate of return is not something that ActMod, nor do we believe other external actuarial consultants, would typically review in the context of a single Rate Filing, either at the insurer or parent company/ultimate controlling party level. Although information on the rate of return for the insurer is included, we do not believe it is relevant to the review and opinions expressed in this Report. Accordingly, ActMod did not identify anything in the Rate Filing that would cause us to consider the Rate Filing to be unreasonable due to the company's rate of return.

8) The annual compensation of each of the 10 most highly paid officers, executives, and employees of both the insurer submitting the rate filing and the parent corporation/ultimate controlling party of that insurer.

Anthem provided ActMod what is included in this Report as Attachments 7(a) and 7(b). These Attachments consist of blank exhibits that show the compensation information included each year in Anthem's Statutory Statements annual filings. Of course, actual compensation information would accompany the Statutory Statement filings.

Other than noting that the administrative expenses shown in the Rate Filing include employee and executive compensation, ActMod did not consider nor do we understand how an actuary would consider this type of information, whether at the insurer or parent corporation/ultimate controlling party level, in determining the reasonableness of a rate filing. Accordingly, ActMod did not identify anything in the Rate Filing that would cause us to consider the Rate Filing to be unreasonable due to employee and executive compensation.

9) The degree to which the increase exceeds the rate of medical cost inflation as reported by the U.S. Bureau of Labor Statistics Consumer Price Index for All Urban Consumers Medical Care Cost Inflation Index.

Anthem provided ActMod with the Table shown in Attachment 8. As previously noted the preparer of this Report, James P. Galasso, has over 30 years' experience involving health care pricing and related actuarial issues. During this time it has always been evident to Mr. Galasso and, we believe, the actuarial community in general that the Medical Care component of the Consumer Price Index materially understates medical trend in general and the medical cost drivers of health care premiums in particular.

Accordingly, ActMod added the “boxed” area to the right of the table in Attachment 8. The text in the boxed area is an excerpt from the Bureau of Labor Statistics website that explains some of the components of the Medical Care CPI. ActMod highlighted the last sentence that we believe is particularly relevant. Specifically, it notes that the Medical Care component of the CPI “. . . only includes consumers’ out-of-pocket expenditures (and excludes employer provided health care). . .” The Medical Care component of the CPI also excludes government expenditures (e.g. Medicare and Medicaid payments) from the Medical Care component of the CPI.

With government alone accounting for approximately 50% of total health care spending in the United States and employers paying the preponderance of the remaining 50%, we seriously question the use of the Medical Care component of the CPI as an indicator against which rate increases for health insurance premiums should be compared.

We make this observation in support of our belief that the Medical Care component of the CPI is an arbitrary, artificial, and erroneous indicator with respect to the drivers of health insurance premiums. We also note and as described elsewhere in this Report that the Medical Trends for Small Group health insurance are subject to forces well in excess of what Anthem describes as the “Core Trend” (e.g. Adverse Deviation, Underwriting Wear-Off, and Medical Trend Leverage).

Nevertheless, we provide the following information:

As noted in Attachment 8, the Medical Care component of the CPI for 2010 is shown as 3.4%. The “Core Trends” used in the Rate Filing by Plan Family averaged 8.2% and ranged from 7.4% to 8.6%. Attachment 4 presents a summary of the Medical Trends used by the Rate Filing.

In ActMod’s opinion, it is not unusual or unreasonable for rate changes for Small Group health care plans to exceed the Medical Care component of the CPI to the same extent as that noted above for the Rate Filing. Accordingly, it is also our opinion that the differential between the Medical Care component of the CPI and the Rate Filing filed rate changes should not cause the Rate Filing to be deemed “unreasonable”.

10) Whether the cumulative impact of the filed rate, combined with the previous increases, would cause the rate to be unreasonable.

The primary purpose of this Rate Filing was to update the 2011 fourth quarter rates currently on file with the CDI for groups renewing or newly issued during the first and second quarters of 2012. In addition to reviewing the rate development for each of these quarterly updates, ActMod also reviewed the preceding three quarterly rate changes for each the first quarter and second quarter renewal cohorts. The cumulative impact of the current and preceding three rate changes are referred to as the “Annual” or “Renewal” rate change discussed in Section IV and summarized in Table IV-A.

The average annual rate changes for the first and second quarter of 2012 renewals are estimated as 5.3% and 4.7%, respectively. In ActMod’s opinion these rate changes are materially below typical Small Group renewal rate changes, which are often in excess of 10%.

Accordingly, it is ActMod’s opinion that the cumulative impact of the filed rates should not be cause for such rates to be deemed “unreasonable”.

11) The insurer's surplus condition and dividend history.

Consistent with ActMod's understanding of typical rate filing reviews by external actuaries, the scope of our engagement did not include a review of Anthem's surplus condition. This is not something that ActMod, nor do we believe other external actuarial consultants, would typically review in the context of a rate filing. Additionally, we do not consider it necessary or an integral part of the rate filing review process. In conclusion, while we have not reviewed the insurer's surplus condition and dividend history, we are of the opinion that such information does not have bearing on the development and ultimately, the "reasonableness" of the rates themselves.

12) Whether the rating factors applied and any change in rating factors are reasonable and result in a distribution of the proposed rate increase across risk categories that is reasonable and not overly burdensome on any particular individual or group, including consideration of the minimum and maximum rate increases a policyholder could receive, and how many policyholders will be subject to lower and higher than the average.

ActMod reviewed both the aggregate average rate change and the distribution of the filed rate changes across Plan Families. In ActMod's opinion both the aggregate average quarterly rate change of 0.4% for first quarter 2012 renewals and the distribution of this average rate change across Plan Families ranging from 0.0% to 0.8% are reasonable.

We also include Attachment 11 to this Report, a summary of an Anthem prepared analysis of annual (i.e. renewal) rate change distributions by size of rate change for groups renewing in the first and second quarters of 2012. I accepted and reviewed for reasonableness the rate change distribution analysis prepared by the Reliance Actuary.

For groups renewing in the first quarter of 2012, the "Grand Total" average rate change [Column (F)] of 5.2% corresponds to the 5.3% in Table IV-A of Section IV.

For groups renewing in the second quarter of 2012, the "Grand Total" average rate change [Column (F)] of 4.5% corresponds to the 4.7% in Table IV-A of Section IV.

These relatively modest variances between the average rate changes in Attachment 11 and those in Table IV-A of Section IV are attributable to various technical factors including rounding and the fact that the rate changes in Table IV-A are based on the previously defined "Premium PMPM at current rate tables". "Premium PMPM at current rate tables" appropriately reflect any demographic and benefit plan shifting during the Experience Period while Attachment 11 is based on a point-in-time membership distribution (i.e. as of April 30, 2011).

For the first quarter of 2012, Attachment 11 shows in Columns (G) and (H) minimum and maximum rate changes of a negative 2.2% and a positive 9.9%, respectively.

For the second quarter of 2012, Attachment 11 shows in Columns (G) and (H) minimum and maximum rate changes of a negative 3.3% and a positive 10.1%, respectively.

In ActMod's opinion the distribution of rate changes by size and the spread between the minimum and maximum rate changes are reasonable and not out of the ordinary.

ActMod is not qualified to offer an opinion as to whether or not the rate increases in this Rate Filing may be "overly burdensome" either collectively or with respect to any particular individual or group.

13) The nature and amount of transactions between the filing insurer and any affiliates over the prior 3 years.

This is not something that ActMod, nor do we believe other external actuarial consultants, would typically review in the context of a Rate Filing. Additionally, we do not consider it necessary or an integral part of the Rate Filing review process. In conclusion, while we have not reviewed the transactions of the company or its affiliates, we are of the opinion that such information does not have bearing on the development and ultimately, the “reasonableness” of the rates themselves.

14) For individual policies, whether the proposed rates comply with California Code of Regulations Title 10, section 2222.12 (the “California Code”). *ActMod note: The California Code defines and requires that the Lifetime Anticipated Loss Ratio (the “Lifetime MLR”) and “the anticipated loss ratio over the future period for which the revised rates are computed to provide coverage” (the “Future MLR”) must each be not less than 70.0%. The recent revision to the California Code also requires that filed rates comply with ACA-defined minimum MLR requirements.*

Since this provision specifically applies to “individual policies”, it is not relevant to this Rate Filing, which impacts only Small Groups.

15) To the extent not otherwise covered by the factors listed above, additional factors the Department will consider in determining whether a rate increase is “unreasonable” include, but are not limited to, the factors set forth in the most current version of the 45 Code of Federal Regulations section 154.301.

ActMod would be pleased to offer our opinion on any other factor the CDI may wish to consider in determining whether this Rate Filing is “unreasonable”, subject only to our competency to offer such an opinion.

Section C: Actuarial Certification

20) (A) The Actuarial Certification is considered:

In this Section 20) (A) and Section 20) (B) below, the pronouns “I”, “me”, and “my” refer to James P. Galasso; please also be advised that the use of the “I”, “me”, or “my” pronoun does not preclude the possibility of Mr. Galasso’s use of support personnel in the preparation of this Report.

(1) A “Statement of Actuarial Opinion”

I understand that this Report is deemed to be a Statement of Actuarial Opinion and I have prepared the Report, to the best of my ability, to comply with my professional obligations in this regard.

(2) A “Health Filing”, as defined in Actuarial Standard of Practice (“ASOP”) No.8

I understand that the Rate Filing subject to review by this Report is considered a Health Filing and, as such, is subject to the actuarial standards described in ASOP No. 8.

(3) An “Actuarial Communication”, as defined by ASOP No. 41

I understand that this Report is deemed to be an “Actuarial Communication” and I have prepared the Report, to the best of my ability, to comply with my professional obligations in this regard.

(B) The Actuarial Certification must include:

- (1) A statement (i) describing the actuary's qualifications, (ii) that the actuary meets the Qualification Standards for *Actuaries Issuing Statements of Actuarial Opinion in the United States*, and (iii) that the actuary meets California's legal requirements for independence.**

Section I of this Report outlines my qualifications to issue this certification and notes that I meet the Qualification Standards for *Actuaries Issuing Statements of Actuarial Opinion in the United States* to issue the opinions contained herein. I also meet the independence requirements stated in the California Insurance Code section 10181.6 (b) (3).

- (2) A statement of opinion that the proposed premium rates in the filing are actuarially sound in aggregate for the market segment (i.e. small group or individual). Premium rates are actuarially sound if, for business in California and for the period covered by the certification, the total of projected premium income, expected reinsurance cash flows, governmental risk adjustment cash flows, and investment income is adequate to provide for all expected costs, including health benefits, health benefit settlement expenses, marketing and administrative expenses, and the cost of required capital.**

I affirmatively state that, in my opinion, the filed premium rates are actuarially sound for the business in California and for the period covered by the certification (i.e. the Rating Period). I reviewed the projected premium income, any expected reinsurance cash flows (there were none), and any governmental risk adjustment cash flows (there were none).

As noted in Section I, the projection period assumed the filed rates would be effective for Small Groups enrolling or renewing during the months of January 2012 through June 2012.

I did not review, however, investment income as regards the benefit plans impacted by the Rate Filing. In my opinion, investment income for short term medical care policies is typically not explicitly considered during the rate development process. The reason is that, unlike for longer term product offerings such as disability income policies or long term care insurance, investment income is generally not a significant part of the income stream for short term medical care policies.

With respect to expected costs, I conducted a detailed review of expected Medical Costs, but I did not conduct a detailed review of underlying administrative expenses such as marketing and administrative expenses nor did I review the cost of required capital. For all but the "cost of required capital", I reviewed the non-Medical Cost information provided for reasonableness and considered the values provided by the Reliance Actuary as reasonable.

For the "cost of required capital", in my opinion it is not typical for Small Group rate filings to explicitly include a factor for the "cost of required capital". Rather, it is far more common for a company to prepare a rate filing with an MLR it believes is acceptable and that provides for an implicit or explicit profit margin sufficient to cover the "cost of required capital" when considered in the context of an entire company's financial performance goals and objectives.

I verified, to the best of my ability, that the ultimate expected Medical Loss Ratios complied with all appropriate laws and regulations. I also reviewed the aggregate Medical Loss Ratio with respect to my understanding of industry norms for Small Groups and, in my opinion, the aggregate Medical Loss Ratio in this Rate Filing is reasonable in the context of such industry norms.

I also reviewed the distribution of rate changes by Plan Family and, in my opinion, the distribution is reasonable.

With the above understanding, I affirmatively state that, in my opinion, the filed premium rates are actuarially sound for the business in California and for the period covered by the certification (i.e. the Rating Period).

(3) For each contract or insurance policy included in the filing, a complete description of the data, assumptions, rating factors, and methods used to determine the premium rates, with sufficient clarity and detail that another qualified health actuary can make an objective appraisal of the reasonableness of the data, assumptions, factors, and methods. The descriptions must include examples of rate calculations for each contract or policy form included in the filing.

I hope that the time and effort expended in the preparation of this Report is evident to the reader. In my opinion, I have covered the Rate Development Process and a description of the data, assumptions, factors, and methods that would enable a qualified health actuary to make an objective appraisal of my opinions and the reasonableness of the premiums and rate changes recommended in the Rate Filing.

Given the acknowledged complexity of the Rate Filing preparation process, I am also agreeable to responding to any questions or concerns that may require clarification.

I trust that Attachments 5(a) and 5(b) (the Rate Development Process) and the corresponding detailed explanations in Section III. D. satisfy the requirement that “descriptions must include examples of rate calculations for each contract or policy form included in the filing”.

(4) A statement of opinion, with respect to each individual or small group rate increase included in the filing, whether the rate increase filed is reasonable or unreasonable and, if unreasonable, that the justification for the increase is based on accurate and sound actuarial assumptions and methodologies, including benefit relativities that reflect the expected variations in cost, taking into consideration historical experience and the credibility of the historical data. Statements of opinion regarding whether a rate increase is reasonable or unreasonable shall discuss the factors listed in Section A, “Unreasonable Rate Increases,” of this Guidance. In addition, statements of opinion regarding individual health insurance shall discuss whether the benefits provided under the policy are reasonable in relation to the premium charged, as described in California Code of Regulations title 10, chapter 5, section 2222.10, et seq.

Based on the information discussed in Section A above, it is my opinion that each of the rate increases in the Rate Filing is reasonable.

(5) A description of the testing performed by the actuary to arrive at the statements of opinion in paragraphs (B)(2) and (B)(4) above, including any independent rating models and rating factors utilized.

My review consisted entirely of a thorough review of the detailed information and data files provided to me by Anthem. I did format and accumulate certain information included in the Attachments in an effort to present this information as clearly as possible.

I thank Anthem for the opportunity to prepare this Report and would be pleased to respond to any questions or supplement the Report as may be deemed necessary.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "JP Galasso". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

James P. Galasso, FSA, MAAA, CERA
President & Consulting Actuary
Actuarial Modeling

Attachments

James P. Galasso, FSA, MAAA, CERA
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Jim Galasso is a Fellow in the Society of Actuaries, a Member of the American Academy of Actuaries, and a Chartered Enterprise Risk Analyst. He has over 30 years' experience in health care, serving in the capacity of Chief Financial Officer, Chief Actuary, and as an Actuarial Consultant. Prior to incorporating and serving as the President & Actuarial Consultant for Actuarial Modeling, Mr. Galasso served as a Partner with Ernst & Young LLP, managing E&Y's southeast actuarial healthcare practice.

Mr. Galasso has performed various actuarial services for numerous Commercial Insurance Carriers, Blue Cross Blue Shield Plans, Health Maintenance Organizations, Governmental Entities, Health Care Providers, and Large Employers. Such services include but are not limited to:

- (1) Actuarial & Financial Due Diligence
- (2) Actuarial Reserve Reviews (including IBNR and Premium Deficiency Reserves)
- (3) Actuarial Valuations
- (4) Group Health Employee Benefit Programs
- (5) Pricing Medical Care Benefit Plans
- (6) Reviewing Prescription Drug Programs [including Pharmacy Benefit Managers (PBM)]
- (7) Risk-Based Capital Reviews
- (8) Health plan organization realignments
- (9) Predictive Risk Modeling / Health Risk Adjusters
- (10) Underwriting policy and procedure reviews
- (11) Rate filing preparations and testimony
- (12) Provider contracting and network management
- (13) Risk assessments for Provider Sponsored Organizations
- (14) Merger and Acquisition engagements
- (15) Medicare Supplement Products
- (16) Medicare and Medicaid managed care programs
- (17) Blue Cross and Blue Shield audits and actuarial consulting
- (18) HMO and PSO audits and actuarial consulting
- (19) Behavioral health audits and actuarial consulting
- (20) Expert Witness Testimony
- (21) Serving on Arbitration Panels

James P. Galasso, FSA, MAAA**Professional Experience**

Mr. Galasso has developed a comprehensive package of actuarial and financial reporting tools consisting of, but not limited to, the following:

- (1) An “Incurred But Not Reported” (IBNR) estimation software model
- (2) A medical cost & premium development software model for healthcare companies
- (3) An aggregate and specific stop loss rating software model
- (4) A MediGap pricing software model that accommodates both 1990 and 2010 standard plans
- (5) A large group underwriting software model
- (6) A physician fee evaluation software model
- (7) A hospital reimbursement evaluation software model
- (8) A prescription drug evaluation software model
- (9) A financial projection software model for healthcare companies
- (10) A market segment reporting and trend monitoring software model
- (11) A capital management and risk-based capital analysis software model
- (12) A process for monitoring, pricing, and underwriting groups and group rating parameters

Qualifications

Mr. Galasso maintains his standing as a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, and a Chartered Enterprise Risk Analyst by pursuing continuing education credits, frequently speaking at various actuarial conferences, publishing actuarial papers, and developing / presenting to actuaries various actuarial training courses for continuing education credit. Papers written by Mr. Galasso and offered to the actuarial community include:

- (1) Financial Reporting for Health Care Companies
- (2) Incurred But Not Paid (“Reported”) Claim Liabilities (“IBNR”) – The Basics
- (3) Risk-Based Capital - the Basics
- (4) Block Underwriting for Health Care Companies

Seminars and Training

Mr. Galasso attends and/or speaks at various seminars and conferences sponsored by the Society of Actuaries, the Southeastern Actuaries Conference, and other industry conferences.

Education

Mr. Galasso graduated with honors from the State University of New York at Stony Brook with majors in both Theoretical and Applied Mathematics. His post graduate activities included studying for and successfully completing the series of examinations offered by the Society of Actuaries, culminating in Mr. Galasso's obtaining his Fellowship in the Society of Actuaries.

Actuarial Reliance Certification

I, Janet Chiu, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I meet the American Academy of Actuaries continuing education standards and am qualified to have prepared and/or reviewed the actuarial analysis and data that I provided to Mr. James P. Galasso for his review and certification of the Rate Filing "Small Group Rates Effective January 1, 2012" prepared by the Anthem Blue Cross Life and Health Insurance Company for filing with the California Department of Insurance.

Janet Chiu, FSA, MAAA
Regional Vice President & Actuary I
WellPoint Inc.

Summary of Benefit Changes

<u>Plan Family</u>	<u>Annual Benefit Change⁽¹⁾</u>	<u>ACA- Mandated Benefits⁽²⁾</u>	<u>Total Benefit Impact⁽³⁾</u>
	(A)	(B)	(C)
Solution	(0.6%)	1.7%	1.1%
Elements	(9.1%)	5.2%	(4.3%)
Copay Generic Rx	(1.0%)	2.0%	1.0%
Lumenos HIA	(1.0%)	1.8%	0.8%
Hospital BeneFits	(8.7%)	5.6%	(3.6%)
Overall Average	(2.6%)	2.6%	(0.1%)

⁽¹⁾ Annual Benefit Change for Current Benefit Plans

⁽²⁾ Health Reform (Affordable Care Act) Mandated Benefits; impact after "Dampening"

⁽³⁾ (C) = [1.0 + (A)] x [1.0 + (B)] - 1.0

Summary of Medical Trends

<u>Plan Family</u>	<u>Core Trend</u>	<u>Leveraging</u>	<u>Adverse Deviation</u>	<u>Pricing Trend⁽¹⁾</u>	<u>Trend Months</u>
	(A)	(B)	(C)	(D)	(E)
Solution	8.3%	2.3%	2.5%	13.5%	20.30
Elements	8.6%	1.4%	2.0%	12.3%	20.94
Copay Generic Rx	7.8%	1.4%	0.5%	9.9%	20.94
Lumenos HIA	7.4%	1.8%	0.5%	9.9%	21.29
Hospital BeneFits	8.5%	1.5%	2.0%	12.3%	20.94
Overall Average	8.2%	1.8%	1.8%	12.1%	20.66

⁽¹⁾ (D) = [1.0 + (A)] x [1.0 + (B)] x [1.0 + (C)] - 1.0

Anthem Blue Cross of California
 Exper Period: 5/1/10 - 4/30/11; Pd thru 6/30/11
 Rating Period: 1/1/2012 - 2/28/2013
 Renewal Cohorts Impacted: Jan, Feb, & Mar 2012
 CDI Scenario - Input Rate Increases

STEP	Description of Rate Development Steps	Total CDI	Solution	Elements	Copay Generic Rx	Lumenos HIA	Hospital BeneFits
(1)	Incurred Claims	\$ 143,095,934	\$ 65,765,380	\$ 21,686,759	\$ 50,129,148	\$ 2,873,037	\$ 2,641,611
(2)	Pooled Claims	\$ 15,616,564	\$ 8,810,786	\$ 2,533,298	\$ 3,338,537	\$ 408,538	\$ 525,405
(3)	Incurred Claims w/ Pooled Charge	\$ 143,095,934	\$ 63,931,684	\$ 21,499,811	\$ 52,522,586	\$ 2,766,406	\$ 2,375,447
(4)	Rx Rebates (-\$2.50 PMPM)	\$ (1,175,657)	\$ (737,496)	\$ (353,056)	\$ -	\$ (32,350)	\$ (52,755)
(5)	Med Mgmt Reclass (\$3.42 PMPM)	\$ 2,561,596	\$ 1,008,895	\$ 482,981	\$ 953,298	\$ 44,255	\$ 72,168
(6)	Inc'd Claims (w/ Rx rebates, Med Mgmt Reclass)	\$ 144,481,874	\$ 64,203,083	\$ 21,629,735	\$ 53,475,883	\$ 2,778,311	\$ 2,394,861
(7)	Premium Earned	\$ 203,204,536	\$ 77,345,907	\$ 31,242,447	\$ 85,522,503	\$ 4,787,288	\$ 4,306,390
(8)	Loss Ratio (Incl Rx Rebates & Med Mgmt Exp.)	71.1%	83.0%	69.2%	62.5%	58.0%	55.6%
(9)	Member Months (Experience Period)	749,005	294,998	141,222	278,742	12,940	21,102
(10)	Premium PMPM at current rate tables	\$ 305.90	\$ 305.64	\$ 255.32	\$ 351.77	\$ 467.79	\$ 229.61
	TREND ADJUSTMENTS						
(11)	Trend Months	20.66	20.30	20.94	20.94	21.29	20.94
(12)	Annual Medical Trend Factor	12.1%	13.5%	12.3%	9.9%	9.9%	12.3%
	ONE-TIME BENEFIT ADJUSTMENTS						
(13)	HCR - After Dampening	2.6%	1.7%	5.2%	2.0%	1.8%	5.6%
(14)	ABC Adjustments	(2.6%)	(0.6%)	(9.1%)	(1.0%)	(1.0%)	(8.7%)
	INCURRED CLAIMS (RATING PERIOD)						
(15)	Projected Rx Rebates PMPM	\$ (1.79)	\$ (2.50)	\$ (2.50)	\$ -	\$ (2.50)	\$ (2.50)
(16)	Projected Medical Mgmt Reclass PMPM	\$ 3.42	\$ 3.42	\$ 3.42	\$ 3.42	\$ 3.42	\$ 3.42
(17)	Proj'd Incurred Claim PMPM (All in; Final)	\$ 235.93	\$ 270.43	\$ 192.29	\$ 228.58	\$ 256.76	\$ 129.92
(18)	Member Months (4/11 for Most Recent)	80,654	35,502	19,548	22,930	629	2,045
	RETENTION (RATING PERIOD)						
(19)	Selling Expenses (assume 8.55% of Prem)	\$ 26.27	\$ 26.33	\$ 21.94	\$ 30.08	\$ 40.00	\$ 19.72
(20)	Admin Expenses (PMPM)	\$ 15.57	\$ 15.57	\$ 15.57	\$ 15.57	\$ 15.57	\$ 15.57
(21)	Comp Eff Research Fee (PMPM)	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08
(22)	Premium Taxes (PMPM)	\$ 7.22	\$ 7.24	\$ 6.03	\$ 8.27	\$ 10.99	\$ 5.42
(23)	Profit & Contingencies (PMPM)	\$ 22.17	\$ (11.70)	\$ 20.65	\$ 69.20	\$ 144.39	\$ 59.88
	FILED RATING FACTORS						
(24)	Filed Rate Change	0.4%	0.8%	0.5%	0.0%	0.0%	0.4%
(25)	Filed Premium PMPM	\$ 307.24	\$ 307.95	\$ 256.56	\$ 351.77	\$ 467.79	\$ 230.59
	RATING PERIOD MLR's						
(26)	GAAP-defined MLR	76.8%	87.8%	75.0%	65.0%	54.9%	56.3%

Anthem Blue Cross of California
 Exper Period: 5/1/10 - 4/30/11; Pd thru 6/30/11
 Rating Period: 1/1/2012 - 2/28/2013
 Renewal Cohorts Impacted: Jan, Feb, & Mar 2012
 CDI Scenario - Input Rate Increases

STEP	Description of Rate Development Steps	Total CDI	Solution	Elements	Copay Generic Rx	Lumenos HIA	Hospital BeneFits
	QUARTER & ANNUAL RATE INCREASES						
(27)	Q211 Rate Change	3.5%	3.5%	3.8%	3.2%	5.0%	3.8%
(28)	Q311 Rate Change	1.3%	2.9%	0.0%	0.0%	0.0%	0.0%
(29)	Q411 Rate Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(30)	Q212 Filed Rate Change	2.9%	3.5%	2.5%	2.5%	2.5%	2.5%
(31)	Q112 Renewal Rate Change (Annual)	5.3%	7.3%	4.3%	3.2%	5.0%	4.2%
(32)	Q212 Renewal Rate Change (Annual)	4.7%	7.3%	3.0%	2.5%	2.5%	2.9%

Anthem Blue Cross Life & Health Insurance Company
Individual Business Return on Equity

(\$ in millions)

	AS Ref	2008 Actual	2009 Actual	2010 Actual	2011 Forecast
Total Company					
Statutory Net Income	IS L32	194.5	170.5	205.9	183.5
Statutory Capital & Surplus	BS L31	760.1	813.8	973.8	1,082.9
		25.6%	21.0%	21.1%	16.9%

Notes

- 1) 2008 - 2010 Statutory amounts from indicated exhibit/schedule in Statutory annual statement.
- 2) 2011 total company statutory amounts from projections provided to CA CDI on October 20, 2010



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Anthem Blue Cross Life and Health Insurance Company

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2010

(To be filed by March 1)

PART 1 - INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system: Yes ☒ No ☐ If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies which are part of the group: Yes ☒; or 2) allocation to each insurer: Yes ☐
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes ☐ No ☒
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond the period of 12 months from the date of the agreement? Yes ☐ No ☒

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1 Name and Principal Position	2 Year	3 Annual Compensation			
		4 Salary	5 Bonus	6 All Other Compensation	7 Totals
Pamela D. Kehaly (1) (2)	2010				
Chief Executive Officer	2009				
	2008				
1. R. David Kretschmer	2010				
Treasurer	2009				
	2008				
2. Nicholas L. Brecker, III	2010				
President	2009				
	2008				
3. Kathleen S. Kiefer	2010				
Secretary	2009				
	2008				
4. G. Lewis Chartrand	2010				
Assistant Secretary	2009				
	2008				
5. Cassie S. Kam (3)	2010				
Chief Financial Officer	2009				
	2008				
6. (4)	2010				0
	2009				0
	2008				0
7.	2010				0
	2009				0
	2008				0
8.	2010				0
	2009				0
	2008				0
9.	2010				0
	2009				0
	2008				0

PART 3 - DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation	2 Compensation Paid or Deferred for Services as Director	3 All Other Compensation Paid or Deferred	4 Totals
(5)			0
.....			
.....			

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Anthem Blue Cross Life and Health Insurance Company

The reporting insurer is a member of a group of insurers or other holding company system. The above amounts represent compensation paid to each individual by or on behalf of all companies which are part of the group. The total compensation (column 6) is the amount reported in the year-end W2 gross taxable wages.

- 1 Amounts earned in All Other Compensation (column 5) may include payouts earned under multi-year long term incentive plans, sales incentives, and the exercise of stock options granted in prior years.
- 2 Pamela D. Kehaly was hired and became Chief Executive Officer on August 30, 2010.
- 3 Cassie S. Kam became Chief Financial Officer on October, 25, 2010
- 4 There are no employees dedicated to Anthem Blue Cross Life and Health Insurance Company. Data has been reported for officers only.
- 5 Inside (i.e., employee) directors are not compensated for serving on the Board of Directors.

Unadjusted Medical Care CPI for All Urban Consumers

Source: Bureau of Labor Statistics; <http://www.bls.gov/cpi/#tables>

Rolling 12-mth Trends at End of Year

End of Year	Rolling 12-month CPI Trend
1981	10.8%
1982	11.6%
1983	8.7%
1984	6.2%
1985	6.2%
1986	7.5%
1987	6.6%
1988	6.5%
1989	7.7%
1990	9.1%
1991	8.7%
1992	7.4%
1993	6.0%
1994	4.8%
1995	4.5%
1996	3.5%
1997	2.8%
1998	3.2%
1999	3.5%
2000	4.1%
2001	4.6%
2002	4.7%
2003	4.0%
2004	4.4%
2005	4.2%
2006	4.0%
2007	4.4%
2008	3.7%
2009	3.2%
2010	3.4%

From: Bureau of Labor Statistics Website:

<http://www.bls.gov/cpi/cpifact4.htm>

For the medical care categories the CE collects information on household out-of-pocket expenses. These may include data such as healthcare services received, who received it, the amount of payment made, and insurance reimbursements received. Medical care expenditures eligible for the CPI include out-of-pocket expenses paid by the consumer. These include fees (not recouped through health insurance) that consumers paid directly to retail outlets for medical goods and to doctors and other medical providers for medical services, as well as health insurance premiums that consumers paid (including Medicare Part B). To arrive at the consumer out-of-pocket medical expense, the CE nets out direct insurance reimbursements to the consumer from the total amounts paid by the consumer.

Since medical care only includes consumers' out-of-pocket expenditures (and excludes employer provided health care), its share in the CPI is smaller than its share of gross domestic product (GDP) and other national accounts measures.

Note: CE = Consumer Expenditure Survey

DEPARTMENT OF INSURANCE**Legal Division**

45 Fremont Street, 24th Floor
San Francisco CA 94105

**Guidance 1163: 2**

Draft release date: February 3, 2011

Final release date: April 5, 2011

Pursuant to Senate Bill 1163 (Chapter 661, Statutes 2010), the California Department of Insurance issues the following guidance regarding compliance.¹ Further guidance may be forthcoming in the future.

Section A: Unreasonable Rate Increases

For all health insurance filings, for the purpose of the actuarial certification required under Insurance Code section 10181.6(b)(2) and review under Insurance Code section 10181.11, the factors the Department will consider in determining whether a rate increase is “unreasonable” include, but are not limited to, the following:

- 1) The relationship of the projected aggregate medical loss ratio to the federal medical loss ratio standard in the market segment to which the rate applies, after accounting for any adjustments allowable under federal law. See interim final rule entitled “Health Insurance Issuers Implementing Medical Loss Ratio Requirements Under the Patient Protection and Affordable Care Act,” (45 C.F.R. sections 158.101- 158.232, 75 Fed. Reg. 74921-74928, (December 1, 2010)), incorporated herein by reference.
- 2) Whether the assumptions on which the rate increase is based are supported by substantial evidence.

¹ Senate Bill 1163 provides, at Insurance Code section 10181.2, that Article 4.5 (Insurance Code section 10181 *et seq.*) does not

apply to a specialized health insurance policy; a Medicare supplement policy subject to Article 6 (commencing with Section 10192.05); a health insurance policy offered in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code); a health insurance policy offered in the Healthy Families Program (Part 6.2 (commencing with Section 12693)), the Access for Infants and Mothers Program (Part 6.3 (commencing with Section 12695)), the California Major Risk Medical Insurance Program (Part 6.5 (commencing with Section 12700)), or the Federal Temporary High Risk Pool (Part 6.6 (commencing with Section 12739.5)); a health insurance conversion policy offered pursuant to Section 12682.1; or a health insurance policy offered to a federally eligible defined individual under Chapter 9.5 (commencing with Section 10900).

Accordingly, the above guidance does not apply to the types of insurance listed in Insurance Code section 10181.2.

- 3) Whether the choice of assumptions or combination of assumptions on which the rate increase is based is reasonable.
- 4) Whether the data, assumptions, rating factors, and methods used to determine the premium rates, or documentation provided to the Department in connection with the filed rate increase are incomplete, inadequate, fail to provide sufficient clarity and detail such that a qualified health actuary could not make an objective appraisal of the reasonableness of the rate, or which otherwise does not provide a basis upon which the reasonableness of the rate may be determined.
- 5) Whether the filed rates result in premium differences between insureds within similar risk categories that:
 - (A) Are otherwise not permissible under applicable California law; or
 - (B) Do not reasonably correspond to differences in expected costs.
- 6) Whether the specific, itemized changes that led to the requested rate increase are substantially justified by credible experience data for the prior three years, including comparisons of experience data to projections submitted as support for prior rate filings.”
- 7) The rate of return of the insurance company and the parent corporation/ultimate controlling party of that insurer, evaluated on a return-on-equity basis, for the prior three years, and anticipated rate of return for the following year, taking into account investment income.
- 8) The annual compensation of each of the 10 most highly paid officers, executives, and employees of both the insurer submitting the rate filing and the parent corporation/ultimate controlling party of that insurer.
- 9) The degree to which the increase exceeds the rate of medical cost inflation as reported by the U.S. Bureau of Labor Statistics Consumer Price Index for All Urban Consumers Medical Care Cost Inflation Index.
- 10) Whether the cumulative impact of the filed rate, combined with the previous increases, would cause the rate to be unreasonable.
- 11) The insurer’s surplus condition and dividend history.
- 12) Whether the rating factors applied and any change in rating factors are reasonable and result in a distribution of the proposed rate increase across risk categories that is reasonable and not overly burdensome on any particular individual or group, including consideration of the minimum and maximum rate increases a policyholder could receive, and how many policyholders will be subject to increases lower and higher than the average.
- 13) The nature and amount of transactions between the filing insurer and any affiliates over the prior 3 years.

- 14) For individual policies, whether the proposed rates comply with California Code of Regulations Title 10, section 2222.12.
- 15) To the extent not otherwise covered by the factors listed above, additional factors the Department will consider in determining whether a rate increase is “unreasonable” include, but are not limited to, the factors set forth in the most current version of 45 Code of Federal Regulations section 154.301.

Section B: Filing and Notice

- 16) For individual and small group health insurance policies, rate submissions for new products and rate increases for existing products must be filed at least 60 days prior to implementation. (Insurance Code section 10181.3(a), (b)(14).)
- 17) The filing requirements of Senate Bill 1163 (Insurance Code sections 10181.3, 10181.4, 10181.6, 10181.7) apply to new product rates and rate increases implemented on or after January 1, 2011. With respect to rate filings submitted to the department prior to January 1, 2011 that include rate changes which will be implemented as to any insureds after January 1, 2011, the insurer must provide the 60-day notice described in Insurance Code section 10113.9 or 10199.1 for those changes.
- 18) The consumer notice required by Insurance Code section 10113.9 or 10199.1 must be delivered concurrently with the submission of the rate filing to the department. The notice required by section 10113.9 must include the date on which the proposed rate increase will be applied to the individual(s) to whom the notice is addressed. If a rate filing is revised after its initial submission so as to change the rates, an additional 30-day notice meeting the requirements of Insurance Code sections 10113.9 or 10199.1 must be provided reflecting the revised rate.
- 19) To demonstrate compliance with the notice requirements of Insurance Code sections 10113.9 and 10199.1, insurers shall file the following information for each policy form for which a filing has been submitted pursuant to Insurance Code section 10181.3 for rates effective on or after January 1, 2011:
- a) The date the required information was filed with the Department, and
 - b) The date(s) that notice was provided as required by Insurance Code section 10113.9 or 10119.1, and
 - c) The date that the rate reflected in the filing was first implemented as to an insured.

This report should be filed through SERFF within 10 days after the date the rate was first implemented, with the notation “Rate Notice Compliance Report” in the “Filing Description” field under the “General Information” tab.

Section C: Actuarial Certification

20) (A) The certification required under Insurance Code section 10181.6 (b)(2) is a “Statement of Actuarial Opinion,” as defined in the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States*, promulgated by the American Academy of Actuaries. Such a certification is also a “Health Filing,” as defined in Actuarial Standard of Practice No. 8 promulgated by the Actuarial Standards Board, and it is also an “Actuarial Communication,” as defined in Actuarial Standard of Practice No. 41 promulgated by the Actuarial Standards Board.

(B) The certification required under Insurance Code section 10181.6 (b)(2) must include the following information:

- (1) A statement of the qualifications of the actuary issuing the certification. The actuary’s qualifications must meet the standards stated in *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States*. The statement of qualifications must include a statement that the actuary meets the independence requirements stated in Insurance Code section 10181.6 (b)(3).
- (2) A statement of opinion that the proposed premium rates in the filing are actuarially sound in aggregate for the market segment (i.e., small group or individual). Premium rates are actuarially sound if, for business in California and for the period covered by the certification, the total of projected premium income, expected reinsurance cash flows, governmental risk adjustment cash flows, and investment income is adequate to provide for all expected costs, including health benefits, health benefit settlement expenses, marketing and administrative expenses, and the cost of capital.
- (3) For each contract or insurance policy included in the filing, a complete description of the data, assumptions, rating factors, and methods used to determine the premium rates, with sufficient clarity and detail that another qualified health actuary can make an objective appraisal of the reasonableness of the data, assumptions, factors, and methods. The descriptions must include examples of rate calculations for each contract or policy form included in the filing.
- (4) A statement of opinion, with respect to each individual or small group rate increase included in the filing, whether the rate increase filed is reasonable or unreasonable and, if unreasonable, that the justification for the increase is based on accurate and sound actuarial assumptions and methodologies, including benefit relativities that reflect the expected variations in cost, taking into consideration historical experience and the credibility of the historical data. Statements of opinion regarding whether a rate increase is reasonable or unreasonable shall address the factors listed in Section A, “Unreasonable Rate Increases,” of this Guidance. In addition, statements of opinion regarding individual health insurance shall address whether the benefits provided under the policy are reasonable in relation to the premium charged, as described in California Code of Regulations title 10, chapter 5, section 2222.10, *et seq.*

(5) A description of the testing performed by the actuary to arrive at the statements of opinion in paragraphs (B)(2) and (B)(4) above, including any independent rating models and rating factors utilized.

(C) All of the information required in (B), above, must be contained within the actuarial certification.

Section D: Filing Requirements

- 21) Individual and small group health insurance rate filings for existing products must be accompanied by a “California Rate Filing Form” that discloses the information required by Insurance Code section 10181.3(b), submitted as a PDF document under the “Supporting Documentation” tab in SERFF, and accompanied by a completed “California Rate Filing Spreadsheet,” as well as a separate spreadsheet containing rate information in response to question 10 of the Rate Filing Form. The “California Rate Filing Form” and the “California Rate Filing Spreadsheet,” are on the Department’s website; please see the “California Rate Filing Form” on the Department’s website (<http://www.insurance.ca.gov/0250-insurers/0500-legal-info/0200-regulations/HealthGuidance/index.cfm>) for definitions of certain of the items required.
- 22) All health insurance rate filings for existing products must be accompanied by the “California Plain-Language Rate Filing Description”, submitted as a PDF document under the “Supporting Documentation” tab in SERFF, and accompanied by a completed “California Plain Language Spreadsheet” (Insurance Code section 10181.7(d)). The form and the spreadsheet are on the Department’s website; please see “California Plain-Language Rate Filing Description” on the Department’s website (<http://www.insurance.ca.gov/0250-insurers/0500-legal-info/0200-regulations/HealthGuidance/index.cfm>) for the form and format of the items required.
- 23) Initial rate filings for new products for individual and small group health insurance must be accompanied by the “California New Product Rate Filing Form” that discloses the information required by Insurance Code section 10181.3(b), submitted as a PDF document under the “Supporting Documentation” tab in SERFF, accompanied by a spreadsheet containing the information described in the form. See “California New Product Rate Filing Form” on the Department’s website (<http://www.insurance.ca.gov/0250-insurers/0500-legal-info/0200-regulations/HealthGuidance/index.cfm>) for definitions of certain of the items required.
- 24) The aggregate rate filing data report required by Insurance Code section 10181.3(c) need not be submitted with each separate rate filing but must be filed with the Department at least quarterly (no later than 5 calendar days after the end of the calendar quarter). Each such report must summarize the required data for the calendar quarter, as well as for the calendar year to date. The report should be identified in SERFF by placing “Aggregate Rate Filing Date Report” in the “Filing Description” field under the “General Information” tab. A form for this report will be provided in subsequent guidance. The

terms “Segment Type”, “Product Type”, and “average rate increase” will be defined as they are in the attached “California Rate Filing Form” for items 5, 4, and 13 respectively.

For questions, please contact Bruce Hinze at bruce.hinze@insurance.ca.gov.

#663184v2

Anthem Blue Cross Life and Health Actuarial Memorandum Small Group Rates Effective January 1, 2012

The purpose of this filing is to communicate with the California Department of Insurance (“CDI” or the “Department”) the changes to Anthem Blue Cross Life and Health Insurance Company’s (Anthem) Small Group Standard Risk Rates effective January 1, 2012.

Currently, Anthem reviews and files quarterly, as necessary, for its Small Group business. The standard risk rates contained in this filing are applicable to new business or groups renewing in the period starting January 1, 2012. The standard risk rates for groups that were or will be sold or renewed between April 2011 and December 2011 will not increase until their next renewing anniversary.

The standard risk rates proposed for this filing (to be effective in the 1st quarter of 2012) are, on average, 0.4% higher than the corresponding ones on file with CDI last filed March 31, 2011. The last filing was for standard risk rates starting with July 1, 2011 effective dates. The Plan notes that rates for its Small Group products (with the exception of new HRA plans filed with a 10/1/11 effective date) were last filed March 31, 2011. As such, the rates for the existing products affected by this filing did not change in the 4th quarter of calendar year 2011 as compared to the rates filed for the 3rd quarter of calendar year 2011.

The average increase described above assumes the following benefit changes:

- Effects of Health Care Reform (“HCR”) effective October 1, 2010
Projected to impact claims by 2.6%. See Section 3 for more information.
- Non-HCR Benefit changes effective on group renewal date
Projected to impact claims by -2.6%. See Section 4 for more information.

The projected overall impact to claims of the benefit changes is a 0.1% decrease:

$$(1+2.6\%) * (1-2.6\%) - 1 = -0.1\%$$

Therefore, the equivalent average premium increase assuming no benefit changes is a 0.5% increase:

$$(1+0.4\%) / (1-0.1\%) - 1 = 0.5\%$$

1. Policy Form Numbers and Names

Plan Name	Plan Family	Policy Form Numbers
Hospital BeneFits	BeneFits Hospital	X350
Hospital BeneFits Plus	BeneFits Hospital	X351
Hospital BeneFits Preferred	BeneFits Hospital	X352
Elements Hospital	Elements	EF49, 02FG, 06ZC, 070U
Elements Hospital-Plus	Elements	EF50, 02FH, 06ZB, 070V
Elements Hospital-Preferred	Elements	EF51, 02FJ, 06ZA, 070W

(to be continued)

\$25 Copay GenRx	GenRx	EF38, 02FA, 06Z4, 070N
\$35 Copay GenRx	GenRx	T159, 02FB, 06Z5, 070P, X355, BA65
\$45 Copay GenRx	GenRx	BK29, 02FC, 06Z6, 070Q
Lumenos HIA Plus \$500	Lumenos HIA Plus	EF44, 02FL, 06ZE, 070Y
Lumenos HIA Plus \$750	Lumenos HIA Plus	EF43, 02FK, 06ZD, 070X
Solution \$2500 PPO	Solution	Z270, 02FD, 06Z7, 070R
Solution \$3500 PPO	Solution	Z271, 02FE, 06Z8, 070S
Solution \$5000 PPO	Solution	Z272, 02FF, 06Z9, 070T
Lumenos HRA 3000C	Lumenos HRA	0FEQ, 0G5U
Lumenos HRA 3000D	Lumenos HRA	0FER, 0G5V
Lumenos HRA 5000C	Lumenos HRA	0FES, 0G5W
Lumenos HRA 5000D	Lumenos HRA	0FET, 0G5X

2. Filed Rate Changes

The rate change effective January 1, 2012 will be an average rate increase of 0.4% from the previously filed rates based on membership as of the end of April 2011. The average rate increase is as follows:

	1st Quarter Renewing Members ⁽¹⁾	Effective 1/1/2012 Average Rate Change from Previously Filed Rate	Effective Date of Previously Filed Rate
Hospital BeneFits	437	0.2%	4/1/2011
Hospital BeneFits Plus	968	0.4%	4/1/2011
Hospital Benefits Preferred	640	0.6%	4/1/2011
Elements Hospital	4,709	0.2%	4/1/2011
Elements Hospital-Plus	3,928	0.4%	4/1/2011
Elements Hospital-Preferred	10,911	0.6%	4/1/2011
GenRx	22,930	0.0%	4/1/2011
Lumenos HIA Plus	629	0.0%	4/1/2011
Solution 2500 PPO	19,354	1.0%	7/1/2011
Solution 3500 PPO	11,181	0.5%	7/1/2011
Solution 5000 PPO	4,967	0.3%	7/1/2011
(1) Based on 4/2011 Membership	80,654	0.4%	

For members renewing between January 1 through March 31, 2012, there are approximately 80,654 members expected to renew in CDI benefit plans. Their standard risk rate changes will reflect the combined effect of standard risk rate changes effective April 2011, July 2011, and January 2012. Therefore, the average rate increase that the members renewing in the 1st quarter of 2012 can expect to receive will be 5.3% with increases by benefit plan as follows:

Plan Family	Expected Annual Rate Change to be Experienced by Current CDI Members at
BeneFits Hospital	4.2%
Elements	4.3%
GenRx	3.2%
Lumenos HIA Plus	5.0%
Solution	7.3%
Total	5.3%

Also, the table below shows new HRA plans filed effective October 1, 2011. Since these benefit plans will become effective on October 1, 2011, there was no membership in them as of April 2011, nor are we assuming that any membership will renew in them during the 1st quarter of 2012. The quarterly rate increase for this new plan family is found in the table below:

1st Quarter Renewing Members	Effective 1/1/2012 Average		Effective Date of Previously Filed Rate
	Rate Change from Previously Filed Rate*		
Lumenos HRA	-	2.4%	10/1/2011

* Increase reflects approximately 3 months of product trend

3. Effects of Health Care Reform

Those small groups renewing from January 1 to March 31, 2011 already received PPACA mandated benefits upon their renewals in 2011. However, the claims experience used in this filing only partially contains the effects from Health Care Reform since October 2010. We are assuming that 26% of the total impact of Health Care Reform changes is already included in the experience for these groups. The derivation of the 26% arises from weighting the impact of HCR by 4/2011 membership on the experience period used for groups renewing in the 1st quarter of 2011. The experience period for this pricing study is May 2010 through April 2011. So, a group that renewed January 2011, for the experience period, had received its HCR benefits from the period January 2011 – April 2011, which is a period of four months out of the twelve months in the experience period. Similarly, groups that renewed February 2011 would have three months and groups that renewed March 2011 would have two months of HCR experience.

We anticipate the following effects of Federal Health Care Reform on the groups renewing the 1st quarter 2012:

- Prohibition of lifetime dollar limit.
- Expansion of dependent age coverage up to age 26.
- Essential health benefit changes, which are the combined effects of the removal of lifetime dollar limit of \$50 for smoking cessation program and the removal of benefit dollar limit for the in-network mental health and substance abuse benefits. In addition, for the Plans Families Benefits Hospital and Elements, the benefit dollar limit for office visits and related services are removed.
- Removal of member cost share on preventive health services.
- Prohibition of pre-existing exclusions for children under 19 years of age. Claims impact is considered to be negligible for the purpose of this filing.

See table below for expected impact on claims for items a) to d).

Plan Family	Health Care Reform Impact *
BeneFits Hospital	5.6%
Elements	5.2%
GenRx	2.0%
Lumenos HIA Plus	1.8%
Solution	1.7%

Total	2.6%
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* These impacts have already been "dampened" for the fact that some of the impact is already included in the underlying claim experience.

Note that the HCR impact on BeneFits Hospital and Elements were higher due to them having a limited annual maximum office visits benefit prior to HCR.

4. **Benefit Changes**

We also intend to implement the following types of benefit changes, effective on the group's renewal date:

- Increases in the plan Annual Out-of-Pocket Maximums for In-network and Out-of-Network for certain plans
- Changes to Deductible amounts for certain plans
- Changes to the Prescription Drug benefit for certain plans
- Other medical benefit changes

Annual benefit changes for the products impacted by this rate filing have been filed with the Department.

See below for the projected impact on claims of the benefit changes:

Plan Family	Benefit Changes Impact
BeneFits Hospital	-8.7%
Elements	-9.1%
GenRx	-1.0%
Lumenos HIA Plus	-1.0%
Solution	-0.6%
Total	-2.6%

5. **Premium Rate Structure**

Premium rates vary by attained age of the subscriber, contract type, region, and group specific risk adjustment factor (RAF). The contract types are Single, Subscriber and Spouse, Subscriber and Child(ren), Subscriber and Family.

There is a 12-month rate guarantee at initial sale for all plans. While Anthem maintains the contractual right to vary rates more frequently than annually beyond the initial 12-month rate guarantee period, subscribers will generally receive rate changes on their assigned renewal month.

Consistent with California statutes, actual subscriber rates may vary within the permissible Risk Adjustment Factor corridor between 0.90 and 1.10 of the filed rates (i.e., the "standard employee risk rates"). Written notice of the change in premium rates will be provided at least 60 days in advance of the effective date of the premium rate change for a particular renewing group.

6. **Projected Trend**

Below are the trends used in pricing without any further adjustments other than for benefit plan changes.

For all plan families in this filing the projected core annual trend varies from 7.4% to 8.6%. The leveraging component of the trend varies by plan family, ranging from 1.4% to 2.3%. The provision for adverse deviation component of the trend is 0.5% for GenRx and Lumenos HIA Plus, 2.0% for Elements and Benefits Hospital, and 2.5% for Solution.

7. **2nd Quarter 2012 Standard Risk Rate Tables**

In addition to the 1st quarter 2012 standard risk rates, Anthem is also filing for the following quarterly rate increases to be applied to the 1st quarter 2012 rate tables. Specifically, Solution plans will receive a 3.5% increase, and all other plans will receive a 2.5% increase. These increases reflect approximately 3 months of

product trend. Notwithstanding the foregoing, Anthem understands that any revisions to this rate filing would require the refiling of rates with the CDI.

The average rate increase that the members renewing in the 2nd quarter of 2012 can expect to receive will be 4.7% with increases by benefit plan as follows:

Plan Family	Expected Annual Rate Change to be Experienced by Current CDI
	Members at Renewal
BeneFits Hospital	2.9%
Elements	3.0%
GenRx	2.5%
Lumenos HIA Plus	2.5%
Solution	7.3%
Total	4.7%

8. Certification

I, Janet Chiu, am an actuary for Anthem Blue Cross and a member of the American Academy of Actuaries. I meet the qualification standards of the American Academy of Actuaries for rate filings of health plans. I have prepared this actuarial memorandum to be consistent with Actuarial Standard of Practice Number 8 as adopted by the Actuarial Standards Board. I certify that, to the best of my knowledge, this filing is in compliance with the laws and regulations of the State of California with regard to development of premium rates.



Janet Chiu, F.S.A., M.A.A.A.
RVP & Actuary I
Anthem Blue Cross Life and Health
September 30, 2011

**DISTRIBUTION OF RATE CHANGES
(ALL PLAN FAMILIES COMBINED)**

Renewal Rate Changes for Groups Renewing January - March 2012

Rate Change Range	Groups		Members		Rate Change		
	Number	Percent	Number	Percent	Average	Minimum	Maximum
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
< 0%	40	0.3%	225	0.3%	(1.3%)	(2.2%)	(0.3%)
0% - 5%	7,085	59.3%	45,832	56.9%	3.7%	0.0%	5.0%
<u>5% - 10%</u>	<u>4,822</u>	<u>40.4%</u>	<u>34,531</u>	<u>42.8%</u>	<u>7.3%</u>	<u>5.0%</u>	<u>9.9%</u>
Grand Total	11,947	100.0%	80,588	100.0%	5.2%	(2.2%)	9.9%

Renewal Rate Changes for Groups Renewing April - June 2012

Rate Change Range	Groups		Members		Rate Change		
	Number	Percent	Number	Percent	Average	Minimum	Maximum
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
< 0%	83	0.9%	334	0.5%	(1.9%)	(3.3%)	(0.2%)
0% - 5%	6,163	63.5%	39,151	63.7%	2.9%	0.0%	5.0%
5% - 10%	3,461	35.7%	22,012	35.8%	7.6%	5.0%	9.9%
<u>10% - 15%</u>	<u>1</u>	<u>0.0%</u>	<u>1</u>	<u>0.0%</u>	<u>10.1%</u>	<u>10.1%</u>	<u>10.1%</u>
Grand Total	9,708	100.0%	61,498	100.0%	4.5%	(3.3%)	10.1%

ESTIMATED ACA-DEFINED MEDICAL LOSS RATIO

(1)	GAAP-Defined MLR	76.8%
(2)	Rx Claims as % of Medical Claims	13.4%
(3)	3rd Party Rx Admin Percent	7.4%
(4)	3rd Party Rx Admin Adjustment ^(a)	1.0%
(5)	Federal & State Income Tax Rate	35.5%
(6)	Profit Margin	7.2%
(7)	Federal & State Income Tax Adjustment ^(b)	2.6%
(8)	Premium Tax Rate	2.4%
(9)	ACA-Defined MLR^(c)	80.0%

^(a) Amount paid to Pharmacy Benefit Manager in excess of actual Rx Costs: $(4) = (2) \times (3)$

^(b) Anthem's Federal + State Income Tax Rates applied to projected profit margin: $(7) = (5) \times (6)$

^(c) ACA-Defined MLR: $(9) = (1) \times [1.0 - (4)] / [1.0 - (7) - (8)]$

NOTE: The above values are estimates only. The actual ACA-Defined MLR is based on actual calendar year values determined sometime after the close of each calendar year, for all Small Group Policy Families combined.

DEFINITIONS AND INDUSTRY TERMINOLOGY

1. Affordable Care Act (“ACA”) – The two health care reform bills enacted into law on March 23, 2010 called the “Patient Protection and Affordable Care Act” and the “Health Care and Education Affordability Reconciliation Act of 2010” are collectively referred to as the “Affordable Care Act”.
2. Actuarial Values - (see Benefit Plan Relativities)
3. Adverse Selection - One of the most challenging issues that health insurance companies must contend with in a voluntary and competitive market is the ability of each prospective or current Member and/or Small Group to forego health insurance or to select the benefit plan and insurance company that offers the most attractive alternative.

Historically, health insurance companies have protected themselves from adverse selection attributable to new sales via the Medical Underwriting process (see Medical Underwriting). Controlling adverse selection attributable to enrolled Small Groups or Members is much more problematic. For example, when rate increases are necessary, every Small Group and Member reassesses its current position. Healthy Members and Small Groups with relatively low Medical Costs are both more attractive to all competitors and less inclined to believe that the premiums they have been paying provide sufficient value. Accordingly, healthier Members and Small Groups with relatively low Medical Costs generally have a higher Lapse Rate than less healthy members. In the absence of new sales offsetting this adverse selection phenomenon, the average PMPM claims cost for a benefit plan will increase above and beyond the myriad of other factors that also drive PMPM Medical Costs higher.

In addition to lapsing coverage or changing health insurance companies, when faced with premium increases, healthy Members and Small Groups with relatively low Medical Costs are also much more likely to replace their current health insurance policy with a policy with a lower Actuarial Value. Even if a lower cost Member or Small Group replaces its current policy with a lower cost policy from the same health insurance company, that company will still experience adverse selection. The adverse selection will be in the form of a reduction in the premiums received that exceeds the expected reduction in Medical Costs between the two policies.

Finally, statutes and regulations often limit an insurer’s ability to protect itself against adverse selection (see “Guaranteed Issue” and “Guaranteed Renewability”).

4. Allowed Claims (or, Allowed Charges) – Allowed Claims represent the amount a health care provider bills a managed care organization **after** the application of contractual discounts negotiated with the managed care organization but **before** member cost sharing provisions are considered.
5. Anniversary (or, Renewal) Month – Small Employer Groups generally receive rate changes on a regular basis (e.g. every 6-months or annually). The rate change month for a Small Employer Group is usually called an “Anniversary Month”, or a “Renewal Month”.

DEFINITIONS AND INDUSTRY TERMINOLOGY (Cont'd)

6. Base Period (also referred to as Experience Period) – This is a term used by actuaries when they must project future medical costs and related data (e.g. members and premiums) for a defined purpose. The Base Period is derived from a recent subset of the Experience Data. The actuary often uses the Base Period to project future expected experience (e.g. for a defined Rating Period).
7. Benefit Plan Relativities (or, Actuarial Values) – When evaluating the historical experience and projecting the future financial experience for Small Groups or Members, it is often necessary to adjust the experience for benefit plan changes that took place during the historical period. This requires an evaluation of the relative Actuarial Values for the benefit plans in effect during the historical period. These relative Actuarial Values are often referred to as Benefit Plan Relativities. For example when benefit plan A is expected to provide for benefit payments that, on average, amount to 90.0% of the expected benefit payments of benefit plan B, the Benefit Plan Relativity between plan A and plan B is 90.0%.

Actuarial Value is also used to define the percentage of total Medical Costs that will be paid by a particular benefit plan. For example, a benefit plan with an Actuarial Value of 85% is expected to cover 85% of total Allowed Claims with the Member paying for the remaining 15% in the form of Cost Sharing.
8. Billed Claims (or, Billed Charges) – Billed Claims represent the amount a health care provider bills a managed care organization **before** the application of contractual discounts negotiated with the managed care organization and **before** member cost sharing provisions are considered.
9. Closed Product Line - A Product Line that is no longer being marketed (i.e. the Product Line is no longer available to new members).
10. Cost Sharing – Cost Sharing refers to the amount of Allowed Charges that a Member must pay for health care services over and above that paid by a health care plan. The most common cost sharing provisions consist of deductibles, copayments, and coinsurance amounts. Benefit limitations such as lifetime or calendar year limits may also result in Cost Sharing.
11. Deterrent or Induced Utilization – In addition to the dollars paid by Members due to the Cost Sharing provisions of a benefit plan, the impact on the cost of a benefit plan attributable to the Deterred or Induced Utilization must also be estimated. In general and all else being equal, benefit plans with higher Cost Sharing provisions will almost always experience higher Medical Costs than benefit plan with lower Cost Sharing provisions. This is attributable to at least two factors:
 - (a) A Member that assumes a greater proportion of Medical Costs due to high Cost Sharing provisions will generally be “deterred” from utilizing medical services (i.e. the “Deterrent” effect attributable to Cost Sharing provisions);

DEFINITIONS AND INDUSTRY TERMINOLOGY (Cont'd)

Conversely, a Member that assumes a relatively modest proportion of Medical Costs due to low or generous Cost Sharing provisions will not be deterred from utilizing medical services and may even be “induced” to seek such services (i.e. the “Induced Utilization” effect attributable to nominal Cost Sharing provisions).

- (b) Higher cost Members (i.e. Members in poorer health than the average population) are generally more willing to pay the higher cost of benefit plans with lower or more generous Cost Sharing provisions;

Conversely, lower cost Members (i.e. Members in better health than the average population) are more likely to enroll in benefit plans with higher or less generous Cost Sharing provisions in exchange for lower premiums.

12. Eligible Employee - This term is defined by the California Insurance Code Section 10700. In general, it refers to an employee who is eligible to participate in an employer sponsored health insurance plan.
13. Employee Contribution – This is the amount an Eligible Employee must pay to participate in an employer sponsored health insurance plan. The employee contribution may be expressed as a dollar amount (often the employee’s required monthly contribution) or a percentage of the benefit plans total premium.
14. Employee Participation – This is defined as the percentage of Eligible Employees that actually enroll in an employer sponsored health insurance plan.
15. Experience Data – This is a term used by actuaries to define the data (e.g. members, premium, and medical claims) that is often used for projection purposes. The data used for a defined Base Period is generally a subset of the Experience Data.
16. Family Tier – This is an industry term that is used to describe a Member’s family type rating classification (e.g. Single Subscriber, Subscriber and one Dependent, Family).
17. Guaranteed Issue – California Assembly Bill 1672 (“AB 1672”) requires that Health Care Service Plans offer health coverage to all Small Employers requesting such coverage, subject to certain provisions (e.g. a health care plan may establish, within limits, minimum Employee Contribution and minimum Employee Participation requirements). This requirement is generally referred to as “Guaranteed Issue”.
18. Guaranteed Renewability – In addition to Guaranteed Issue, AB 1672 also guarantees the renewability of Small Group health policies for other than certain very limited and defined reasons (e.g. the nonpayment by the Small Group of required premiums).
19. Lapse Rate – A Lapse Rate is an industry term used to measure the termination rate of Members and/or Groups. When specifically measured, the Lapse Rate is generally expressed as a monthly or annual percentage.
20. Managed Care Organization (“MCO”) – Third party health care payers that negotiate contracts with health care providers to provide services to its Members are often referred to as Managed Care Organizations.

DEFINITIONS AND INDUSTRY TERMINOLOGY (Cont'd)

21. Medical Costs – This is an industry term that is used to refer to medical claim payments plus other medical costs and/or credits (i.e. capitation payments to providers or provider organizations, provider risk sharing payments or receivables, Rx Rebates, medical management expenses properly classified as medical expenses, etc.).
22. Medical Loss Ratio (“MLR”) – While the subject of multiple definitions, in its most basic form (and, unless otherwise stated, as used in this Report), an MLR is defined as Incurred Medical Costs divided by Earned Premiums for a defined period of time. Two other relevant MLR definitions for the purpose of this Report include:
 - (a) GAAP-defined MLR – Generally Accepted Accounting Principles (“GAAP”) requires that certain medical management expenses be treated as Medical Costs. Thus a GAAP-defined MLR is defined as Incurred Medical Costs (inclusive of medical management expenses that improve the quality of medical care) divided by Earned Premium.
 - (b) ACA-defined MLR – The ACA defines the numerator and the denominator of the MLR as follows:
 - (1) Numerator = Medical Costs (inclusive of medical management expenses that improve the quality of medical care) plus the impact of Policy Contract Reserves (also known as Active Life Reserves), if any.
 - (2) Denominator = Earned Premium less State and Federal Taxes
23. Medical Trend (also referred to as “Claims Cost Trends”, “Claims Trend”, or “Claims Trend Factor”) – The actual and/or expected change in claims cost (the claims costs are generally expressed on a Per Member Per Month, or “PMPM” basis) over a defined period of time (the change, or Medical Trend, is generally expressed as a percentage in annualized terms).
24. Medical Trend Leverage – The mathematical phenomenon that causes Medical Trends to be higher for benefit plans with fixed cost sharing provisions such as calendar year deductibles or fixed copays (e.g. all else being equal, a benefit plan will experience higher medical cost trends to the extent it has a fixed calendar year deductible that is higher than that of another similar benefit plan). This is due to the fixed cost sharing provisions offsetting a smaller proportion of a total benefit plan’s claims cost as overall costs increase but the fixed cost sharing provisions remain fixed.
25. Medical Underwriting – The selection process that MCOs often use to review the medical history of an applicant for a health care plan. After reviewing an applicant’s medical history, the MCO will generally assign the applicant (or, group of applicants for a group health care plan) to an Underwriting Tier.
26. Member – Member is the term most commonly used to describe any participant in a health care plan, whether that participant be an Employee or a dependent of an Employee.

DEFINITIONS AND INDUSTRY TERMINOLOGY (Cont'd)

27. Member Months – The average number of Members covered during a defined time period multiplied by the number of months in that time period. Member Months is also used to describe the average number of Members covered for each day within a given month.
28. Months of Movement (also called “Trend Months”) – This is a term used to measure the average number of months from the Base Period to the Rating Period. Months of Movement equals the number of months between the midpoint of the Base Period and the midpoint of the Rating Period.
29. Open Product Line - A Product Line that is actively marketed (i.e. the Product Line is made available to new members).
30. Paid Claims - Unless otherwise stated this Report refers to Paid Claims as the amount a health care provider bills a managed care organization **after** the application of contractual discounts negotiated with the managed care organization and **after** member cost sharing provisions are considered. Paid Claims must often be distinguished from Incurred Claims but unless otherwise stated, this Report will use the terms Paid Claims and Incurred Claims interchangeably to distinguish them from Allowed Claims (see Definition above). Paid Claims generally refers to claims actual paid by a managed care organization. Incurred Claims refers to claims paid plus claims incurred but not yet paid (i.e. Paid Claims plus a liability estimate for claims incurred but not yet paid).
31. Per Member Per Month (“PMPM”) – Dollar values in the managed care industry are often expressed on a Per Member Per Month (“PMPM”) basis. For example, the average premium and Medical Costs for Members for one month or for a series of months (such as the Experience Period or the Rating Period) are often expressed as PMPMs, which is calculated by dividing the total dollars for the period in the form of Medical Costs or premiums paid by the total number of Member Months that generated those dollars.
32. Policy Duration – The length of time (usually in years) since the issue date of a health care policy.
33. Policy Form (or Plan Family) – Policy Form, or Plan Family, are terms used to describe a health plan contract that is filed with the appropriate regulatory authorities for a class of benefit plans offered to prospective and current Subscribers. A single Policy Form will often permit variations by benefit plan for certain defined items such as deductibles and other cost sharing provisions.
34. Rate Tables – These are the Rate Tables that an MCO often uses as the basis for developing a Subscriber-specific rate (e.g. a rate that reflects the Subscriber’s benefit plan, family tier, geographic area, and other Rating Characteristics that may impact a Subscriber’s rate). Rate Tables for individual and small group health care policies are often filed with the state department or division responsible for reviewing rate filings.
35. Rating Period – This term is defined by the California Insurance Code Section 10700. It is defined as the period for which premium rates established by a carrier are in effect and shall be no less than six months.

DEFINITIONS AND INDUSTRY TERMINOLOGY (Cont'd)

36. Retention – Retention is an industry term that is used to describe the portion of the premium dollar estimated to provide for all items other than Medical Costs. Examples of Retention items include: Administrative Expenses, Selling Expenses, Premium Taxes, and Profits. Retention is generally expressed as either a percentage of premiums or a fixed dollar amount PMPM. When expressed as percentages of premiums, the total of all Retention items is equal to the complement of the basic MLR (i.e. 100% minus the MLR = Retention).
37. Risk Category (or, Rating Classification) – This term is defined by the California Insurance Code Section 10700. It refers to the various rating categories that may impact the particular rate of an Eligible Employee or Small Group before the application of any Risk Adjustment Factor. California permissible Risk Categories for Small Groups include: Benefit Plan, Age, Geographic Area, and Family Tier.
38. Risk Adjusted Employee Risk Rate – This term is defined by the California Insurance Code Section 10700. It is defined as the "Standard Employee Risk Rate" after the application of the Risk Adjustment Factor.
39. Risk Adjustment Factor ("RAF") - This term is defined by the California Insurance Code Section 10700. It refers to the percent adjustment to be applied equally to each "Standard Employee Risk Rate" for a particular small employer group, based upon any expected deviations from standard cost of services. For the relevant time period for this Rate Filing, the RAF may not be more than 110 percent or less than 90 percent. Per California Insurance Code Section 10714, the RAF for a given small employer group may not be changed more frequently than once every 12 months and may not increase by more than 10 percentage points from the prior RAF applied in the prior rating period.
40. Risk-Based Capital ("RBC") – Most states have adopted RBC model bill released by the National Association of Insurance Commissioners ("NAIC") that establishes minimum capital standards for health insurance companies and managed care organizations. For states that adopt the RBC Model Bill, various defined levels of capital precipitate various regulatory sanctions that reflect the deviation from minimum standards. For example, the basic measure that defines what is generally called the RBC Ratio is called the Authorized Control Level ("ACL"). When a company's capital falls below the ACL, a regulator is **authorized** to seize control of the company. When a company's capital falls below the Mandatory Control Level ("MCL"), a regulator is **required** to seize control of the company. No regulatory actions are generally required for companies that maintain their capital above the Company Action Level ("CAL").

Meeting contractual obligations to Members, maintaining corporate financial viability, avoiding strict regulatory sanctions, adverse public and customer perceptions of companies subjected to RBC regulatory sanctions, and historically significant industry fluctuations in capital levels, are all strong incentives for companies to maintain their capital levels comfortably above minimum standards.

DEFINITIONS AND INDUSTRY TERMINOLOGY (Cont'd)

41. Seasonality – This is the term used to describe the phenomenon that Medical Costs often vary by calendar month. This is especially true for benefit plans with high calendar year deductibles since claim payments for these plans are generally lower in the early months of a calendar year and increase in the latter months of a calendar year. That is, in the early months of a calendar year, a greater portion of Medical Costs are subject to the benefit plan deductibles that are the responsibility of the Member.
42. Small Group (or Small Employer) – this refers to Small Employer as defined by the California Insurance Code Section 10700. Generally speaking, a Small Group is an employer group with 2 to 50 Eligible Employees.
43. Standard Employee Risk Rate – This term is defined by the California Insurance Code Section 10700. It represents the rate applicable to an Eligible Employee in a particular Risk Category for a Small Group.
44. Subscriber – This is a term that is often used to describe the purchaser of a health care policy. The health care policy itself may cover only the Subscriber (i.e. a “Single” policy) or the Subscriber and his or her dependents (i.e. a “Family” policy). For Small Group policies the “Subscriber” is generally an “Employee” of the covered group.
45. Underlying Medical Trends (or, “Trend Starting Point”) – This term refers to the portion of Medical Trends exclusive of the various factors that cause medical costs for a benefit plan to increase at a higher or lower rate than basic medical cost changes themselves (e.g. exclusive of Medical Trend Leverage, aging, large claim distortions, and benefit plan mix changes).

It should be emphasized that theoretically “Underlying Medical Trends” should also exclude the impact of Adverse Selection. Unfortunately, it is often difficult to impossible to accurately measure the impact of Adverse Selection from historical experience without resorting to external sources for an estimate of Underlying Medical Trends. Accordingly, more often than not an analysis of Underlying Medical Trends from historical experience includes an element of Adverse Selection, which in the case of Small Group policies can be material.
46. Underwriting Tier – An industry term used to define the classification of individuals after reviewing an applicant’s medical history (or, in the case of Small Group the classification of a group after reviewing the medical history of the Small Group’s employees and dependents). This is analogous to the “Risk Adjusted Employee Risk Rate” defined in the California Insurance Code Section 10700.

State: California

Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2011-01930
Company

Company Tracking Number:

<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Sub-TOI:</i>	<i>H15G.003 Small Group Only</i>
	<i>Expense</i>	

Product Name: 01012012 Rate Filing

Project Name/Number: /

Attachment "PJ Part 1_CA_SG_CDI_2012Q1_Draft_20110930.xlsx" is not a PDF document and cannot be reproduced here.

See next page for attachment.

**Per the Instructions, health insurance issuers proposing rate increases above the threshold fill in only those cells that are highlighted in GREY
The other cells are auto-populated.**

A. Base Period Data

Start Period: 05/01/2010

End Period: 04/30/2011

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	736,065	\$ 60,720,680.34	\$ 57,367,858.49	\$ 3,352,821.85	\$ 4.56	\$ 77.94	\$ 82.49
Outpatient	736,065	\$ 41,686,716.41	\$ 27,552,914.84	\$ 14,133,801.57	\$ 19.20	\$ 37.43	\$ 56.63
Professional	736,065	\$ 62,021,095.12	\$ 37,046,482.74	\$ 24,974,612.38	\$ 33.93	\$ 50.33	\$ 84.26
Prescription Drugs	736,065	\$ 27,111,599.08	\$ 16,639,921.10	\$ 10,471,677.98	\$ 14.23	\$ 22.61	\$ 36.83
Other	736,065	\$ 5,919,923.24	\$ 4,063,053.73	\$ 1,856,869.52	\$ 2.52	\$ 5.52	\$ 8.04
Capitation	736,065	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	736,065	\$ 197,460,014.19	\$ 142,670,230.89	\$ 54,789,783.30	\$ 74.44	\$ 193.83	\$ 268.26

B. Claim Projections

B1. Adjustment to the Current Rate

Start Period: 01/01/2011

End Period: 12/31/2011

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1153	\$ 92.01	\$ 87.08	0.0536
Outpatient	1.1058	\$ 62.62	\$ 42.01	0.3291
Professional	1.0745	\$ 90.54	\$ 55.14	0.3909
Prescription Drugs	1.1178	\$ 41.17	\$ 25.59	0.3784
Other	1.0843	\$ 8.72	\$ 6.07	0.3045
Capitation	1.0000	\$ 0.00	\$ 0.00	0.0000
Total		\$ 295.06	\$ 215.89	0.27

B2. Claims Projection for Future Rate

Start Period: 01/01/2012

End Period: 12/31/2012

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.0943	\$ 100.69	\$ 95.52	0.0513
Outpatient	1.0811	\$ 67.70	\$ 46.38	0.3150
Professional	1.0389	\$ 94.06	\$ 58.88	0.3740
Prescription Drugs	1.0948	\$ 45.08	\$ 28.48	0.3681
Other	1.0521	\$ 9.18	\$ 6.50	0.2914
Capitation	1.0000	\$ 0.00	\$ 0.00	0.0000
Total		\$ 316.70	\$ 235.76	0.26

B3. Medical Trend Breakout

Factor	Impact
Utilization	11.0175%
Unit Cost	88.9825%
Other Factors	0.0000%

C. Components of Current and Future Rates

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$ 235.76	77.05%	\$ 192.66	66.29%	\$ 43.10	281.01%
2. Administrative Costs	\$ 56.45	18.45%	\$ 66.51	22.88%	\$ (10.06)	-65.59%
3. Underwriting Gain/Loss	\$ 13.77	4.50%	\$ 31.47	10.83%	\$ (17.70)	-115.42%
4. Total Rate	\$ 305.97	100.00%	\$ 290.64	100.00%	\$ 15.34	100.00%
5. Overall Rate Increase		5.28%				

D. Components of Rate Increase

	Impact on Rate	Percent
Claims Components		
1. Inpatient	\$ 8.21	19.06%
2. Outpatient	\$ 3.41	7.90%
3. Professional	\$ 2.14	4.97%
4. Prescription Drugs	\$ 2.43	5.63%
5. Other	\$ 0.32	0.73%
6. Capitation	\$ 0.00	0.00%
7. Cost Share	\$ 3.37	7.81%
8. Correction of Prior Net Claims Estimate	\$ 23.22	53.89%
9. Total	\$ 43.10	100.00%
<u>Claims Restatement for Current Rate Period</u>		
8.a. Prior Net Claims Estimate for Current Rate Period	\$ 192.66	
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period	\$ 215.89	

E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years

Calendar Year	New Form	Requested	Implemented
2011	N	14.2836%	13.7879%
2010	N	8.8046%	8.8046%
2009	N	5.6258%	5.6258%

F. Range and Scope of Proposed Increase

Number of Covered Individuals	Threshold Rate Increase
80,025	5.0364%

	Range of Rate Increase
Minimum % Increase	-1.8426%
Maximum % Increase	9.8036%

**Per the Instructions, health insurance issuers proposing rate increases above the threshold fill in only those cells that are highlighted in GREY
The other cells are auto-populated.**

A. Base Period Data

Start Period: 05/01/2010

End Period: 04/30/2011

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	12,940	\$ 1,211,197.66	\$ 1,141,541.46	\$ 69,656.20	\$ 5.38	\$ 88.22	\$ 93.60
Outpatient	12,940	\$ 728,752.14	\$ 510,696.22	\$ 218,055.91	\$ 16.85	\$ 39.47	\$ 56.32
Professional	12,940	\$ 1,053,756.86	\$ 586,808.22	\$ 466,948.64	\$ 36.09	\$ 45.35	\$ 81.43
Prescription Drugs	12,940	\$ 774,636.17	\$ 481,908.66	\$ 292,727.51	\$ 22.62	\$ 37.24	\$ 59.86
Other	12,940	\$ 97,211.74	\$ 66,923.10	\$ 30,288.64	\$ 2.34	\$ 5.17	\$ 7.51
Capitation	12,940	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	12,940	\$ 3,865,554.57	\$ 2,787,877.66	\$ 1,077,676.91	\$ 83.28	\$ 215.45	\$ 298.73

B. Claim Projections

B1. Adjustment to the Current Rate

Start Period: 01/01/2011

End Period: 12/31/2011

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1056	\$ 103.49	\$ 97.71	0.0558
Outpatient	1.0812	\$ 60.89	\$ 43.21	0.2903
Professional	1.0571	\$ 86.09	\$ 49.07	0.4300
Prescription Drugs	1.0676	\$ 63.91	\$ 40.31	0.3693
Other	1.0650	\$ 8.00	\$ 5.58	0.3023
Capitation	1.0000	\$ 0.00	\$ 0.00	0.0000
Total		\$ 322.38	\$ 235.89	0.27

B2. Claims Projection for Future Rate

Start Period: 01/01/2012

End Period: 12/31/2012

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1024	\$ 114.08	\$ 107.97	0.0535
Outpatient	1.0709	\$ 65.21	\$ 47.05	0.2785
Professional	1.0402	\$ 89.54	\$ 52.62	0.4124
Prescription Drugs	1.0523	\$ 67.25	\$ 43.16	0.3583
Other	1.0503	\$ 8.40	\$ 5.97	0.2900
Capitation	1.0000	\$ 0.00	\$ 0.00	0.0000
Total		\$ 344.49	\$ 256.76	0.25

B3. Medical Trend Breakout

Factor	Impact
Utilization	16.8615%
Unit Cost	83.1385%
Other Factors	0.0000%

C. Components of Current and Future Rates

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$ 256.76	54.89%	\$ 275.74	61.89%	\$ (18.98)	-85.20%
2. Administrative Costs	\$ 123.15	26.33%	\$ 106.06	23.81%	\$ 17.08	76.70%
3. Underwriting Gain/Loss	\$ 87.88	18.79%	\$ 63.71	14.30%	\$ 24.17	108.51%
4. Total Rate	\$ 467.79	100.00%	\$ 445.51	100.00%	\$ 22.28	100.00%
5. Overall Rate Increase		5.00%				

D. Components of Rate Increase

	Impact on Rate	Percent
Claims Components		
1. Inpatient	\$ 10.00	-52.71%
2. Outpatient	\$ 3.06	-16.14%
3. Professional	\$ 1.97	-10.38%
4. Prescription Drugs	\$ 2.11	-11.11%
5. Other	\$ 0.28	-1.48%
6. Capitation	\$ 0.00	0.00%
7. Cost Share	\$ 3.44	-18.14%
8. Correction of Prior Net Claims Estimate	\$ (39.85)	209.96%
9. Total	\$ (18.98)	100.00%
<u>Claims Restatement for Current Rate Period</u>		
8.a. Prior Net Claims Estimate for Current Rate Period	\$ 275.74	
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period	\$ 235.89	

E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years

Calendar Year	New Form	Requested	Implemented
2011	N	21.6285%	21.6285%
2010	N	10.6493%	10.6493%
2009	N	4.0815%	4.0815%

F. Range and Scope of Proposed Increase

Number of Covered Individuals	Threshold Rate Increase
629	3.6210%

	Range of Rate Increase
Minimum % Increase	5.0000%
Maximum % Increase	5.0000%

DEPARTMENT OF INSURANCE**Legal Division**

45 Fremont Street, 24th Floor
San Francisco CA 94105



California Rate Filing Form
For Individual and Small Group Health Insurance
Rate Filings for Existing Products, Version 2
(do not use this form for initial filings for new product rates)

The rate filing submission should include:

- 1) This form
- 2) A California Rate Filing Spreadsheet
- 3) An actuarial certification
- 4) A spreadsheet with rate information responsive to Questions 10 & 15, below
- 5) A California Plain-Language Filing Form
- 6) A California Plain-Language Spreadsheet

1) Company Name:

Anthem Blue Cross Life and Health Insurance Company

2) Number of policy forms covered by the filing: 18

3) Policy form numbers covered by the filing:

List all of the policy form numbers covered by this filing in column "A" of the "California Rate Filing Spreadsheet". List all product names associated with each policy form number in column "B."

4) Product types covered by the filing. Selected from the following:

<input type="radio"/>	HMO (Health Maintenance Organization)
<input checked="" type="radio"/>	PPO (Preferred Provider Organization)
<input type="radio"/>	EPO (Exclusive Provider Organization)
<input type="radio"/>	POS (Point of Service)
<input type="radio"/>	FFS (Fee for Service)
<input type="radio"/>	Other (describe) _____

- 5) Segment type. One of the following:

<input checked="" type="radio"/>	Small Group (2-50 employees)
<input type="radio"/>	Individual

Note: Large Group, Small Group, and Individual filings should not be combined within a single filing.

- 6) Plan/Insurer Type. One of the following: for-profit company, not-for-profit company

<input checked="" type="radio"/>	For-profit company
<input type="radio"/>	Not-for-profit company

- 7) Whether the products are open or closed. List each open or closed product by policy form number.

For each policy form number, indicate in column "C" of the California Rate Filing Spreadsheet whether the products are open or closed.

If all policy forms listed are open, check here: ☒

If all products listed are closed, check here: ☐

If only some policy forms listed are closed, check here: ☐

- 8) Enrollment:

In column "D" of the California Rate Filing Spreadsheet, state the number of lives, including dependents, covered by each product as of the end of the latest month for which the data has been compiled.

- 9) Insured months in each policy form

In column "E" of the California Rate Filing Spreadsheet, state the number of insured (or member) months for the experience period on which the rates were based. (Does not apply to rates for new products.)

- 10) Annual Rate

In a separate spreadsheet, for each product included in the filing, show the current and proposed annual premium rates for each rating cell.

- 11) Total earned premium

For each policy form list:

In column "F" of the California Rate Filing Spreadsheet, state the experience period on which rates are based,

In column "G" of the California Rate Filing Spreadsheet, state the period for which rates are to be effective,

In column "H" of the California Rate Filing Spreadsheet, state the total premium earned for the experience period on which the rates are based.

- 12) In column "I" of the California Rate Filing Spreadsheet, state the total dollar amount of incurred claims in each policy form for the experience period on which the rates are based.

If helpful to understanding the basis for the filed rate increases, the insurer may, but is not required to, disaggregate incurred claim data into the aggregate benefit categories listed in item 18 below.

- 13) In column "J" of the CA Rate Filing Spreadsheet, state the average rate increase initially requested

The weighted average of the proposed rate increases included in the filing, weighting the increases by the number of covered lives for each product (per item 8, above). Rates for new products are not included in this calculation, as they have a weight of zero. (Does not apply to rates for new products.)

- 14) Review category: One of the following:

<input type="radio"/>	Initial Filing for New Product
<input checked="" type="radio"/>	Filing for Existing Product
<input type="radio"/>	Resubmission

Resubmissions should be submitted through SERFF under the same state filing number and SERFF tracking number assigned to the original submission of this filing. Do not submit resubmissions as a new filing.

- 15) Average rate of increase

In those instances in which there is a revision to the rates requested after initial submission, the revision should be submitted as an amendment to the original submission of this filing under the rate/rule form tab. Submit a revised California Rate Filing Form, a revised spreadsheet responsive to Question 10, and a revised California Rate Filing Spreadsheet, completing columns A, B, and J. Also, in the case of a resubmission, update the information under the "company rate information" field under the "Rate/Rule Schedule" tab in SERFF. The average rate of increase is a weighted average, calculated as in item 13, above.

- 16) Effective date of rate increase: 1/1/2012

The earliest anticipated date that the proposed rate increase, or new product rate, will take effect for a policyholder.

- 17) Number of policyholders or insureds affected by each policy form

This information was provided in item 8, above, and need not be repeated.

- 18) Overall medical trend factor and trend factors by aggregate benefit category:

Overall Medical Trend Factor

“Overall” means the weighted average of trend factors used to determine rate increases included in the filing, weighting the factor for each aggregate benefit category by the amount of projected medical costs attributable to that category.

	Core Annual Trend
PPO	8.2%
HIA	7.4%

Medical Trend Factor by Aggregate Benefit Category

The aggregate benefit categories are each of the following – hospital inpatient, hospital outpatient (including emergency room), physician and other professional services, prescription drugs from pharmacies, laboratory services (other than hospital inpatient), radiology services (other than hospital inpatient), other (describe).

Hospital Inpatient	PPO: 10.4% HIA: 11.2%
Hospital Outpatient (including ER)	PPO: 9.0% HIA: 8.1%
Physician/other professional services	PPO: 5.3% HIA: 5.2%
Prescription Drug	PPO: 10.5% HIA: 6.3%
Laboratory (other than inpatient)	PPO: 4.1% HIA: 4.6%
Radiology (other than inpatient)	Laboratory and Radiology are combined with other Ancillary services
Other (describe)	

Optional Medical Trend Factor by Aggregate Benefit Category by Geographic Region

The insurer may, but is not required to, aggregate additional data in major geographic regions of the state. If the insurer chooses to so aggregate, the major geographic regions of the state are: Northern California (consisting of Monterey, Kings, Tulare, and Inyo counties, and all counties to the north), and Southern California (consisting of San Luis Obispo, Kern, and San Bernardino counties, and all counties to the south).

	North	South
Hospital Inpatient		
Hospital Outpatient (including ER)		
Physician/other professional services		
Prescription Drug		
Laboratory (other than inpatient)		
Radiology (other than inpatient)		
Other (describe)		

19) Projected medical trend

Use the same aggregate benefit categories used in item 18 –hospital inpatient, hospital outpatient (including emergency room), physician and other professional services, prescription drugs from pharmacies, laboratory services (other than hospital inpatient), radiology services (other than Hospital inpatient), other (describe). Furthermore, within each aggregate category quantify the sources of trend, i.e. use of services, price inflation, and fees and risk.

Projected Medical Trend by Aggregate Benefit Category

Hospital Inpatient	Trend attributable to use of services: PPO: 0.6% HIA: 0.9%
	Trend attributable to price inflation: PPO: 9.7% HIA: 10.3%
	Trend attributable to fees and risk:
Hospital Outpatient (including ER)	Trend attributable to use of services: PPO: 0.3% HIA: 0.7%
	Trend attributable to price inflation: PPO: 8.7% HIA: 7.4%
	Trend attributable to fees and risk:
Physician/other professional services	Trend attributable to use of services: PPO: 1.8% HIA: 2.0%
	Trend attributable to price inflation: PPO: 3.5% HIA: 3.2%
	Trend attributable to fees and risk:

Prescription Drug	Trend attributable to use of services: PPO: 3.4% HIA: 3.5%
	Trend attributable to price inflation: PPO: 7.1% HIA: 2.9%
	Trend attributable to fees and risk:
Laboratory (other than inpatient)	Trend attributable to use of services: PPO: -1.1% HIA: -0.8%
	Trend attributable to price inflation: PPO: 5.2% HIA: 5.4%
	Trend attributable to fees and risk:
Radiology (other than inpatient)	Trend attributable to use of services: Laboratory and Radiology are combined with other Ancillary services
	Trend attributable to price inflation: Laboratory and Radiology are combined with other Ancillary services
	Trend attributable to fees and risk:
Other (describe)	

20) Comparison of claims cost and rate of changes over time

For each proposed rate increase, provide the projected annualized incurred claims cost per insured for the period covered by the proposed rate, the historical incurred claims cost per insured for the most recent 12 months of the experience period on which the rates were based, and the historical incurred claims cost per insured for the next two most recent 12 month periods. Also, compare the rate of change of claims costs over all of the projected and historical periods for which information is provided. Show all claim costs according to aggregate benefit category.

Relevant Period	Total PMPM	
	PPO	HIA
Experience [05/10 - 04/11]	\$192.44	\$214.73
Rating [12-month Period starting 01/12 to 03/12]	\$234.45	\$253.94
<hr/>		
Rate of Change (Annualized*)	12.2%	9.9%
Note: projected claims in the rating period is based on the following assumption		
# of Trending Months	20.59	21.29
<hr/>		
Experience* [05/10 - 04/11]	\$191.14	\$222.03
Experience* [05/09 - 04/10]	\$154.91	\$229.90
<hr/>		
Rate of Change	23.4%	-3.4%
*Actual incurred claims not adjusted for high dollar claims and benefit mix changes.		
<hr/>		
Experience* [05/09 - 04/10]	\$154.91	\$229.90
Experience* [05/08 - 04/09]	\$120.45	\$188.89
<hr/>		
Rate of Change	28.6%	21.7%
*Actual incurred claims not adjusted for high dollar claims and benefit mix changes.		

- 21) Describe any changes in enrollee/insured cost-sharing, compared to the prior year, associated with the submitted rate filing, including both the absolute amount of the change, and the percentage change, and quantify the impact of each change on each of the rates included in the filing. Also describe any changes in benefits exempted from cost-sharing, as well as any newly-imposed cost-sharing.

n/a

- 22) Describe any changes in enrollee/insured benefits, including but not limited to hospital inpatient, hospital outpatient (including emergency services), physician and other professional services, laboratory services, radiology services, and other benefits (describe), compared to the prior year, associated with the submitted rate filing, and quantify the impact of each change on each of the rates included in the filing.

Benefit changes effective upon group's renewal:

- a) Increases in the plan Annual Out-of-Pocket Maximums for In-network and Out-of-Network for certain plans.
- b) Changes to Deductible amounts for certain plans.
- c) Changes to the Prescription Drug benefit for certain plans.
- d) Other medical benefit changes.

Total Impact: -2.6%

- 23) Submit the required actuarial certification, described in Guidance 1163:2, under the "Supporting Documentation" tab in SERFF.

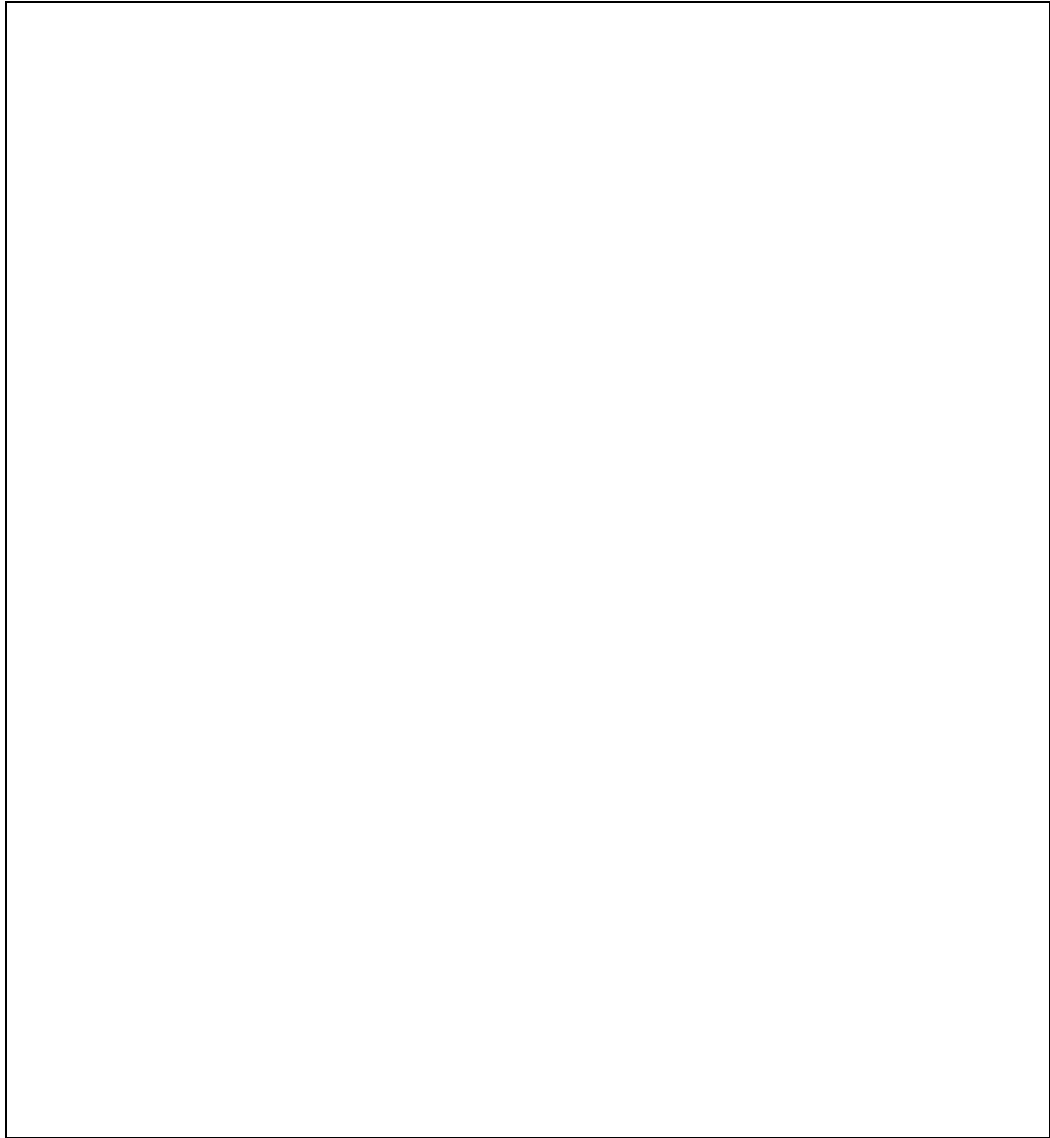
☒ Submitted

24) Changes in administrative costs

Administrative costs are the costs defined in Sections 158.150, 158.151, 158.160, and 158.161 of 45 Code of Federal Regulations Subtitle A, Subchapter B, in the interim final rule issued by the Department of Health and Human Services on December 1, 2010 at 75 Federal Register 74924-74926. Using those definitions, describe the administrative costs for the policy forms included in this filing for the year prior to the requested rate increase, then also describe any changes in administrative costs, compared to the prior year, associated with the submitted rate filing, and quantify the impact of each change on each of the rates included in the filing. Changes should be shown separately for the costs defined by each of the sections of Code of Federal Regulations listed above in this item. (Does not apply to rates for new products.)

Section	Description	2009	2010	2011
158.150	Activities that improve health care quality	n/a	\$3.53	\$3.35
158.151	Expenditures related to Health Information Technology and meaningful use requirements	n/a	n/a	n/a
158.160	Other non-claim costs	\$37.57	\$38.97	\$40.45
158.161	Reporting of Federal and State licensing and regulatory fees	n/a	\$0.00	\$0.00

26) Comments. Place any needed comments here.

A large, empty rectangular box with a thin black border, intended for providing comments. It occupies the majority of the page area below the instruction.

#632743v16

DEPARTMENT OF INSURANCE

Legal Division

45 Fremont Street, 24th Floor
San Francisco CA 94105



**California Plain-Language
Rate Filing Description**
[for Web site posting, Health & Safety
Code 1385.07(d), Insurance Code 10181.7(d)]
Version 2, with saving/extended features enabled in Adobe Reader.

Company Name:

Anthem Blue Cross Life and Health Insurance Company

SERFF Tracking Number

AWLP - 127674891

Department File Number: (will be completed by Department)

1. Justification for any unreasonable rate increases.

(Include all information as to why the rate increase is justified. Attach supporting documentation to this PDF file.)

n/a

2) Overall annual medical trend factor assumptions for all benefits

	Core Annual Trend
PPO	8.2%
HIA	7.4%

3) Actual Costs by Aggregate Benefit Category

Hospital Inpatient	Dollar Cost: PPO: \$77.76 HIA: \$107.48
	Cost as Percentage of Medicare: N/A
Hospital Outpatient (including ER)	Dollar Cost: PPO: \$39.21 HIA: \$50.45
	Cost as Percentage of Medicare: N/A
Physician/other professional services	Dollar Cost: PPO: \$32.12 HIA: \$33.99
	Cost as Percentage of Medicare: N/A
Prescription Drug	Dollar Cost: PPO: \$23.97 HIA: \$48.00
	Cost as Percentage of Average Wholesale Price: N/A
Laboratory (other than inpatient)	Dollar Cost: PPO: \$21.74 HIA: \$25.19 Lab/Rad/Path/Therapeutic Injections/Other
	Cost as Percentage of Medicare: N/A

Radiology (other than inpatient)	Dollar Cost: Combined with Lab/Path/Therapeutic Injections/Other, see above.
	Cost as Percentage of Medicare: N/A
Other (describe)	Dollar Cost and Description:

4) Amount of Projected Trend, by Aggregate Benefit Category, Attributable to Use of Services, Price Inflation, Fees and Risk

Hospital Inpatient	Trend attributable to use of services: PPO: 0.6% HIA: 0.9%
	Trend attributable to price inflation: PPO: 9.7% HIA: 10.3%
	Trend attributable to fees and risk:
Hospital Outpatient (including ER)	Trend attributable to use of services: PPO: 0.3% HIA: 0.7%
	Trend attributable to price inflation: PPO: 8.7% HIA: 7.4%
	Trend attributable to fees and risk:

Physician/other professional services	Trend attributable to use of services: PPO: 1.8% HIA: 2.0%
	Trend attributable to price inflation: PPO: 3.5% HIA: 3.2%
	Trend attributable to fees and risk:
Prescription Drug	Trend attributable to use of services: PPO: 3.4% HIA: 3.5%
	Trend attributable to price inflation: PPO: 7.1% HIA: 2.9%
	Trend attributable to fees and risk:
Laboratory (other than inpatient)	Trend attributable to use of services: PPO: -1.1% HIA: -0.8%
	Trend attributable to price inflation: PPO: 5.2% HIA: 5.4%
	Trend attributable to fees and risk:
Radiology (other than inpatient)	Trend attributable to use of services: Laboratory and Radiology are combined with other Ancillary services
	Trend attributable to price inflation: Laboratory and Radiology are combined with other Ancillary services
	Trend attributable to fees and risk:
Other (describe)	

5) Other Information

Complete and submit the CA Plain Language Spreadsheet.

#630302v7

Attachment "CARateFileSheet CDI.XLS" is not a PDF document and cannot be reproduced here.

PDF Pipeline for SERFF Tracking Number AWLP-127674891 Generated 10/04/2011 10:53 AM

	A	B	C	D	E	F	G	H	I	J	K
1	California Rate Filing Spreadsheet, v. 1										
2	Company Name: Anthem Blue Cross Life and Health Insurance Company										
3	Company ID number for this filing:										
4	SERFF ID number for this filing: AWLP - 127674891										
5	Policy Form Number	Product Name	Open or closed?	Enrollment 1st Quarter Renewing members*	Insured months in each policy form	Experience Period on Which Rates are Based	Period for which rates are to be effective	Total premium earned during the experience period on which the rates are based	Total dollar amount of claims incurred during the experience period on which the rates are based	Average rate increase (weighted average) from 10/1/11 to 1/1/12 rate tables	Comments
6	X350, X351, X352	BeneFits Hospital	Open	2,045	21,102	5/1/2010 - 4/30/2011	12-month period beginning 1Q12 Renewal	\$4,306,390	\$2,641,611	0.4%	
7	02FG, 02FH, 02FJ, 070U, 070V, 070W, EF49, EF50, EF51, 06ZC, 06ZB, 06ZA	Elements	Open	19,548	141,222	5/1/2010 - 4/30/2011	12-month period beginning 1Q12 Renewal	\$31,242,447	\$21,686,759	0.5%	
8	02FA, 02FB, 02FC, 070N, 070P, 070Q, X355, BA65, EF38, T159, BK29, 06Z4, 06Z5, 06Z6	GenRx	Open	22,930	278,742	5/1/2010 - 4/30/2011	12-month period beginning 1Q12 Renewal	\$85,522,503	\$50,129,148	0.0%	
9	02FL, 02FK, 070Y, 070X, EF44, EF43, 06ZE, 06ZD	Lumenos HIA Plus	Open	629	12,940	5/1/2010 - 4/30/2011	12-month period beginning 1Q12 Renewal	\$4,787,288	\$2,873,037	0.0%	
10	02FD, 02FE, 02FF, 070R, 070S, 070T, Z270, Z271, Z272, 06Z7, 06Z8, 06Z9	Solution	Open	35,502	294,998	5/1/2010 - 4/30/2011	12-month period beginning 1Q12 Renewal	\$77,345,907	\$65,765,380	0.8%	
11	0G5V, 0G5U, 0G5X, 0G5W, 0FER, 0FEQ, 0FET, 0FES	Lumenos HRA	Open	0	0	5/1/2010 - 4/30/2011	12-month period beginning 1Q12 Renewal	\$0	\$0	2.4%	
12	Total			80,654	749,005			\$203,204,536	\$143,095,934	0.5%	
13											
14	Footnote:										
15	* Enrollment based on 04/2011 membership.										

Attachment "PlainLangSheet CDI.XLS" is not a PDF document and cannot be reproduced here.

PDF Pipeline for SERFF Tracking Number AWLP-127674891 Generated 10/04/2011 10:53 AM

	A	B	C	D	E	F	G	H	I
1	CA PLAIN LANGUAGE SPREADSHEET v. 1								
2	Company Name: Anthem Blue Cross Life and Health Insurance Company								
3	Company ID number for this filing:								
4	SERFF ID number for this filing: AWLP - 127674891								
5	For the expense period on which the rates are based, premium attributed to:								
6	Plan Contract Form Numbers	Marketing Names	Medical Costs prior to rate increase	Medical Costs after rate increase	Administrative costs prior to rate increase**	Administrative costs after rate increase**	Profit/margin projected prior to rate increase (After-tax)*	Profit/margin projected after rate increase (After-tax)*	Comments
7	X350, X351, X352, 02FG, 02FH, 02FJ, 070U, 070V, 070W, EF49, EF50, EF51, 06ZC, 06ZB, 06ZA, 02FA, 02FB, 02FC, 070N, 070P, 070Q, X355, BA65, EF38, T159, BK29, 06Z4, 06Z5, 06Z6, 02FD, 02FE, 02FF, 070R, 070S, 070T, Z270, Z271, Z272, 06Z7, 06Z8, 06Z9	PPO	77.4%	77.1%	13.6%	13.6%	4.3%	4.5%	
8									
9	02FL, 02FK, 070Y, 070X, EF44, EF43, 06ZE, 06ZD	HIA	54.9%	54.9%	13.6%	13.6%	18.8%	18.8%	
10									
11									
12	Footnote:								
13	* Anthem's highly efficient administrative cost model is reflected in the after tax profit margin.								
14	** Administrative costs include agents and brokers fees and commissions.								

SERFF Tracking Number: AWLP-127674891 State: California
Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2011-01930
Company
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: 01012012 Rate Filing
Project Name/Number: /

Attachment "CDIratefilingform-10 Current Rate.xlsx" is not a PDF document and cannot be reproduced here.

See next page for attachment.

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 10/01/11
Lumenos HRA 3000D (OFER)
1.00 RAF RATES*

		RATING AREA								
AGE RANGES		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$331	\$264	\$215	\$242	\$267	\$221	\$202	\$210	\$206
	30 - 39	444	355	289	326	358	292	270	284	276
	40 - 49	646	513	418	471	516	425	393	407	398
	50 - 54	776	615	502	565	623	512	470	491	482
	55 - 59	988	782	641	723	794	649	599	626	610
	60 - 64	1,237	983	800	904	995	813	748	781	765
	65 + PRIMARY	1,608	1,275	1,044	1,173	1,290	1,059	978	1,019	994
	65 + SECONDARY	913	728	592	669	736	601	556	579	568
EMPLOYEE AND SPOUSE	UNDER 30	\$700	\$555	\$454	\$511	\$563	\$459	\$423	\$443	\$432
	30 - 39	949	756	615	693	764	625	578	603	588
	40 - 49	1,318	1,046	857	965	1,061	869	799	837	817
	50 - 54	1,606	1,274	1,042	1,171	1,289	1,058	976	1,017	993
	55 - 59	2,041	1,623	1,322	1,489	1,637	1,341	1,240	1,293	1,262
	60 - 64	2,491	1,979	1,615	1,818	2,002	1,639	1,510	1,578	1,541
	65 + PRIMARY	3,067	2,435	1,988	2,239	2,463	2,019	1,863	1,943	1,895
	65 + SECONDARY	1,827	1,452	1,184	1,333	1,469	1,200	1,108	1,157	1,131
EMPLOYEE AND CHILD(REN)	UNDER 30	\$648	\$515	\$420	\$473	\$522	\$428	\$395	\$412	\$402
	30 - 39	809	644	526	592	649	535	491	513	500
	40 - 49	1,053	837	683	769	847	692	642	669	653
	50 - 54	1,159	919	753	847	932	763	705	734	718
	55 - 59	1,326	1,051	861	968	1,064	871	807	838	819
	60 - 64	1,542	1,223	1,000	1,124	1,236	1,015	935	973	954
	65 + PRIMARY	1,939	1,537	1,255	1,414	1,558	1,273	1,175	1,226	1,198
	65 + SECONDARY	1,330	1,056	863	971	1,067	875	807	842	821
FAMILY	UNDER 30	\$983	\$781	\$639	\$717	\$791	\$648	\$596	\$624	\$608
	30 - 39	1,285	1,022	833	940	1,035	848	782	814	796
	40 - 49	1,654	1,312	1,071	1,206	1,326	1,089	1,004	1,048	1,023
	50 - 54	1,729	1,372	1,120	1,262	1,389	1,140	1,051	1,095	1,070
	55 - 59	2,194	1,743	1,421	1,600	1,762	1,443	1,330	1,390	1,357
	60 - 64	2,588	2,053	1,675	1,887	2,075	1,702	1,568	1,638	1,599
	65 + PRIMARY	3,278	2,602	2,125	2,393	2,634	2,158	1,990	2,075	2,029
	65 + SECONDARY	1,931	1,536	1,253	1,410	1,550	1,273	1,171	1,224	1,195

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 10/01/11
Lumenos HRA 3000D MHP (0G5V)
1.00 RAF RATES*

		RATING AREA								
AGE RANGES		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$332	\$265	\$217	\$243	\$268	\$222	\$202	\$211	\$207
	30 - 39	446	356	291	327	360	292	270	285	278
	40 - 49	648	514	419	473	520	428	394	409	400
	50 - 54	778	618	504	567	625	513	472	493	483
	55 - 59	991	786	643	726	796	652	601	629	612
	60 - 64	1,243	987	803	906	998	817	751	783	768
	65 + PRIMARY	1,614	1,281	1,047	1,177	1,295	1,063	981	1,023	997
	65 + SECONDARY	918	730	594	672	740	603	558	582	569
EMPLOYEE AND SPOUSE	UNDER 30	\$704	\$557	\$455	\$513	\$565	\$460	\$424	\$444	\$435
	30 - 39	954	759	617	697	766	628	580	605	591
	40 - 49	1,324	1,051	859	968	1,064	872	803	841	820
	50 - 54	1,612	1,278	1,046	1,176	1,293	1,062	980	1,021	996
	55 - 59	2,049	1,628	1,327	1,496	1,644	1,347	1,244	1,298	1,266
	60 - 64	2,500	1,986	1,621	1,827	2,008	1,647	1,516	1,584	1,547
	65 + PRIMARY	3,079	2,445	1,998	2,246	2,474	2,026	1,870	1,950	1,903
	65 + SECONDARY	1,832	1,456	1,187	1,337	1,474	1,206	1,113	1,160	1,136
EMPLOYEE AND CHILD(REN)	UNDER 30	\$650	\$519	\$422	\$475	\$524	\$430	\$397	\$413	\$404
	30 - 39	811	647	527	594	651	538	494	514	502
	40 - 49	1,057	841	685	772	851	695	644	673	656
	50 - 54	1,165	923	757	850	935	766	707	739	720
	55 - 59	1,331	1,056	864	971	1,068	875	810	841	821
	60 - 64	1,547	1,228	1,003	1,130	1,241	1,018	938	979	957
	65 + PRIMARY	1,946	1,543	1,260	1,421	1,564	1,277	1,180	1,231	1,203
	65 + SECONDARY	1,334	1,059	866	974	1,070	879	810	846	825
FAMILY	UNDER 30	\$988	\$783	\$641	\$719	\$794	\$651	\$598	\$626	\$611
	30 - 39	1,289	1,025	835	944	1,038	850	786	816	800
	40 - 49	1,659	1,318	1,074	1,210	1,332	1,092	1,007	1,052	1,026
	50 - 54	1,735	1,377	1,124	1,268	1,394	1,143	1,054	1,098	1,073
	55 - 59	2,203	1,748	1,425	1,606	1,767	1,448	1,336	1,395	1,361
	60 - 64	2,598	2,060	1,680	1,894	2,084	1,707	1,575	1,646	1,606
	65 + PRIMARY	3,292	2,611	2,134	2,403	2,644	2,165	2,000	2,084	2,036
	65 + SECONDARY	1,938	1,541	1,258	1,417	1,557	1,277	1,176	1,229	1,198

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 10/01/11
Lumenos HRA 3000C (0FEQ)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$343	\$273	\$223	\$250	\$276	\$229	\$209	\$217	\$213
	30 - 39	460	367	299	337	371	302	279	294	286
	40 - 49	669	531	433	487	534	440	407	421	412
	50 - 54	803	637	520	585	645	530	486	508	499
	55 - 59	1,023	809	663	748	822	672	620	648	631
	60 - 64	1,280	1,017	828	936	1,030	841	774	808	792
	65 + PRIMARY	1,664	1,320	1,081	1,214	1,335	1,096	1,012	1,055	1,029
EMPLOYEE AND SPOUSE	65 + SECONDARY	945	753	613	692	762	622	575	599	588
	UNDER 30	\$725	\$574	\$470	\$529	\$583	\$475	\$438	\$459	\$447
	30 - 39	982	782	637	717	791	647	598	624	609
	40 - 49	1,364	1,083	887	999	1,098	899	827	866	846
	50 - 54	1,662	1,319	1,078	1,212	1,334	1,095	1,010	1,053	1,028
	55 - 59	2,112	1,680	1,368	1,541	1,694	1,388	1,283	1,338	1,306
	60 - 64	2,578	2,048	1,672	1,882	2,072	1,696	1,563	1,633	1,595
EMPLOYEE AND CHILD(REN)	65 + PRIMARY	3,174	2,520	2,058	2,317	2,549	2,090	1,928	2,011	1,961
	65 + SECONDARY	1,891	1,503	1,225	1,380	1,520	1,242	1,147	1,197	1,171
	UNDER 30	\$671	\$533	\$435	\$490	\$540	\$443	\$409	\$426	\$416
	30 - 39	837	667	544	613	672	554	508	531	518
	40 - 49	1,090	866	707	796	877	716	664	692	676
	50 - 54	1,200	951	779	877	965	790	730	760	743
	55 - 59	1,372	1,088	891	1,002	1,101	901	835	867	848
FAMILY	60 - 64	1,596	1,266	1,035	1,163	1,279	1,051	968	1,007	987
	65 + PRIMARY	2,007	1,591	1,299	1,463	1,613	1,318	1,216	1,269	1,240
	65 + SECONDARY	1,377	1,093	893	1,005	1,104	906	835	871	850
	UNDER 30	\$1,017	\$808	\$661	\$742	\$819	\$671	\$617	\$646	\$629
	30 - 39	1,330	1,058	862	973	1,071	878	809	842	824
	40 - 49	1,712	1,358	1,108	1,248	1,372	1,127	1,039	1,085	1,059
	50 - 54	1,790	1,420	1,159	1,306	1,438	1,180	1,088	1,133	1,107
	55 - 59	2,271	1,804	1,471	1,656	1,824	1,494	1,377	1,439	1,404
	60 - 64	2,679	2,125	1,734	1,953	2,148	1,762	1,623	1,695	1,655
	65 + PRIMARY	3,393	2,693	2,199	2,477	2,726	2,234	2,060	2,148	2,100
	65 + SECONDARY	1,999	1,590	1,297	1,459	1,604	1,318	1,212	1,267	1,237

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 10/01/11
Lumenos HRA 3000C MHP (0G5U)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$344	\$274	\$225	\$252	\$277	\$230	\$209	\$218	\$214
	30 - 39	462	368	301	338	373	302	279	295	288
	40 - 49	671	532	434	490	538	443	408	423	414
	50 - 54	805	640	522	587	647	531	489	510	500
	55 - 59	1,026	814	666	751	824	675	622	651	633
	60 - 64	1,287	1,022	831	938	1,033	846	777	810	795
	65 + PRIMARY	1,670	1,326	1,084	1,218	1,340	1,100	1,015	1,059	1,032
EMPLOYEE AND SPOUSE	65 + SECONDARY	950	756	615	696	766	624	578	602	589
	UNDER 30	\$729	\$576	\$471	\$531	\$585	\$476	\$439	\$460	\$450
	30 - 39	987	786	639	721	793	650	600	626	612
	40 - 49	1,370	1,088	889	1,002	1,101	903	831	870	849
	50 - 54	1,668	1,323	1,083	1,217	1,338	1,099	1,014	1,057	1,031
	55 - 59	2,121	1,685	1,373	1,548	1,702	1,394	1,288	1,343	1,310
	60 - 64	2,588	2,056	1,678	1,891	2,078	1,705	1,569	1,639	1,601
EMPLOYEE AND CHILD(REN)	65 + PRIMARY	3,187	2,531	2,068	2,325	2,561	2,097	1,935	2,018	1,970
	65 + SECONDARY	1,896	1,507	1,229	1,384	1,526	1,248	1,152	1,201	1,176
	UNDER 30	\$673	\$537	\$437	\$492	\$542	\$445	\$411	\$427	\$418
	30 - 39	839	670	545	615	674	557	511	532	520
	40 - 49	1,094	870	709	799	881	719	667	697	679
	50 - 54	1,206	955	783	880	968	793	732	765	745
	55 - 59	1,378	1,093	894	1,005	1,105	906	838	870	850
FAMILY	60 - 64	1,601	1,271	1,038	1,170	1,284	1,054	971	1,013	990
	65 + PRIMARY	2,014	1,597	1,304	1,471	1,619	1,322	1,221	1,274	1,245
	65 + SECONDARY	1,381	1,096	896	1,008	1,107	910	838	876	854
	UNDER 30	\$1,023	\$810	\$663	\$744	\$822	\$674	\$619	\$648	\$632
	30 - 39	1,334	1,061	864	977	1,074	880	814	845	828
	40 - 49	1,717	1,364	1,112	1,252	1,379	1,130	1,042	1,089	1,062
	50 - 54	1,796	1,425	1,163	1,312	1,443	1,183	1,091	1,136	1,111
	55 - 59	2,280	1,809	1,475	1,662	1,829	1,499	1,383	1,444	1,409
	60 - 64	2,689	2,132	1,739	1,960	2,157	1,767	1,630	1,704	1,662
	65 + PRIMARY	3,407	2,702	2,209	2,487	2,737	2,241	2,070	2,157	2,107
	65 + SECONDARY	2,006	1,595	1,302	1,467	1,611	1,322	1,217	1,272	1,240

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 10/01/11
Lumenos HRA 5000D (OFET)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$271	\$216	\$176	\$198	\$219	\$181	\$165	\$172	\$169
	30 - 39	364	291	237	267	293	239	221	233	226
	40 - 49	529	420	342	386	423	348	322	333	326
	50 - 54	636	504	411	463	510	419	385	402	395
	55 - 59	809	640	525	592	650	532	491	513	500
	60 - 64	1,013	805	655	740	815	666	613	640	627
	65 + PRIMARY	1,317	1,044	855	961	1,057	867	801	835	814
	65 + SECONDARY	748	596	485	548	603	492	455	474	465
EMPLOYEE AND SPOUSE	UNDER 30	\$573	\$455	\$372	\$419	\$461	\$376	\$346	\$363	\$354
	30 - 39	777	619	504	568	626	512	473	494	482
	40 - 49	1,079	857	702	790	869	712	654	686	669
	50 - 54	1,315	1,043	853	959	1,056	867	799	833	813
	55 - 59	1,672	1,329	1,083	1,219	1,341	1,098	1,016	1,059	1,034
	60 - 64	2,040	1,621	1,323	1,489	1,640	1,342	1,237	1,292	1,262
	65 + PRIMARY	2,512	1,994	1,628	1,834	2,017	1,654	1,526	1,591	1,552
	65 + SECONDARY	1,496	1,189	970	1,092	1,203	983	907	948	926
EMPLOYEE AND CHILD(REN)	UNDER 30	\$531	\$422	\$344	\$387	\$428	\$351	\$324	\$337	\$329
	30 - 39	663	527	431	485	532	438	402	420	410
	40 - 49	862	686	559	630	694	567	526	548	535
	50 - 54	949	753	617	694	763	625	577	601	588
	55 - 59	1,086	861	705	793	871	713	661	686	671
	60 - 64	1,263	1,002	819	921	1,012	831	766	797	781
	65 + PRIMARY	1,588	1,259	1,028	1,158	1,276	1,043	962	1,004	981
	65 + SECONDARY	1,089	865	707	795	874	717	661	690	672
FAMILY	UNDER 30	\$805	\$640	\$523	\$587	\$648	\$531	\$488	\$511	\$498
	30 - 39	1,052	837	682	770	848	695	640	667	652
	40 - 49	1,355	1,075	877	988	1,086	892	822	858	838
	50 - 54	1,416	1,124	917	1,034	1,138	934	861	897	876
	55 - 59	1,797	1,428	1,164	1,310	1,443	1,182	1,089	1,138	1,111
	60 - 64	2,120	1,681	1,372	1,545	1,699	1,394	1,284	1,342	1,310
	65 + PRIMARY	2,685	2,131	1,740	1,960	2,157	1,767	1,630	1,699	1,662
	65 + SECONDARY	1,581	1,258	1,026	1,155	1,269	1,043	959	1,002	979

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 10/01/11
Lumenos HRA 5000D MHP (0G5X)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$272	\$217	\$178	\$199	\$219	\$182	\$165	\$173	\$170
	30 - 39	365	292	238	268	295	239	221	233	228
	40 - 49	531	421	343	387	426	351	323	335	328
	50 - 54	637	506	413	464	512	420	387	404	396
	55 - 59	812	644	527	595	652	534	492	515	501
	60 - 64	1,018	808	658	742	817	669	615	641	629
	65 + PRIMARY	1,322	1,049	857	964	1,061	871	803	838	817
	65 + SECONDARY	752	598	486	550	606	494	457	477	466
EMPLOYEE AND SPOUSE	UNDER 30	\$577	\$456	\$373	\$420	\$463	\$377	\$347	\$364	\$356
	30 - 39	781	622	505	571	627	514	475	495	484
	40 - 49	1,084	861	704	793	871	714	658	689	672
	50 - 54	1,320	1,047	857	963	1,059	870	803	836	816
	55 - 59	1,678	1,333	1,087	1,225	1,346	1,103	1,019	1,063	1,037
	60 - 64	2,048	1,627	1,328	1,496	1,645	1,349	1,242	1,297	1,267
	65 + PRIMARY	2,522	2,002	1,636	1,839	2,026	1,659	1,532	1,597	1,559
	65 + SECONDARY	1,500	1,192	972	1,095	1,207	988	912	950	930
EMPLOYEE AND CHILD(REN)	UNDER 30	\$532	\$425	\$346	\$389	\$429	\$352	\$325	\$338	\$331
	30 - 39	664	530	432	486	533	441	405	421	411
	40 - 49	866	689	561	632	697	569	527	551	537
	50 - 54	954	756	620	696	766	627	579	605	590
	55 - 59	1,090	865	708	795	875	717	663	689	672
	60 - 64	1,267	1,006	821	925	1,016	834	768	802	784
	65 + PRIMARY	1,594	1,264	1,032	1,164	1,281	1,046	966	1,008	985
	65 + SECONDARY	1,093	867	709	798	876	720	663	693	676
FAMILY	UNDER 30	\$809	\$641	\$525	\$589	\$650	\$533	\$490	\$513	\$500
	30 - 39	1,056	839	684	773	850	696	644	668	655
	40 - 49	1,359	1,079	880	991	1,091	894	825	862	840
	50 - 54	1,421	1,128	921	1,038	1,142	936	863	899	879
	55 - 59	1,804	1,432	1,167	1,315	1,447	1,186	1,094	1,143	1,115
	60 - 64	2,128	1,687	1,376	1,551	1,707	1,398	1,290	1,348	1,315
	65 + PRIMARY	2,696	2,138	1,748	1,968	2,165	1,773	1,638	1,707	1,667
	65 + SECONDARY	1,587	1,262	1,030	1,161	1,275	1,046	963	1,007	981

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 10/01/11
Lumenos HRA 5000C (OFES)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$295	\$235	\$192	\$216	\$238	\$197	\$180	\$187	\$184
	30 - 39	396	316	257	290	319	260	241	253	246
	40 - 49	576	457	372	420	460	379	350	363	355
	50 - 54	691	548	447	503	555	456	419	437	429
	55 - 59	880	697	571	644	707	578	534	558	544
	60 - 64	1,102	876	713	805	887	724	666	696	682
	65 + PRIMARY	1,433	1,136	930	1,045	1,149	944	871	908	886
	65 + SECONDARY	813	649	527	596	656	535	495	516	506
EMPLOYEE AND SPOUSE	UNDER 30	\$624	\$495	\$405	\$455	\$502	\$409	\$377	\$395	\$385
	30 - 39	846	674	548	617	681	557	515	537	524
	40 - 49	1,174	932	764	860	945	774	712	746	728
	50 - 54	1,431	1,135	928	1,043	1,148	943	870	906	885
	55 - 59	1,819	1,446	1,178	1,327	1,459	1,195	1,105	1,152	1,124
	60 - 64	2,219	1,763	1,439	1,620	1,784	1,460	1,345	1,406	1,373
	65 + PRIMARY	2,733	2,170	1,771	1,995	2,195	1,799	1,660	1,731	1,688
	65 + SECONDARY	1,628	1,294	1,055	1,188	1,309	1,069	987	1,031	1,008
EMPLOYEE AND CHILD(REN)	UNDER 30	\$577	\$459	\$374	\$421	\$465	\$381	\$352	\$367	\$358
	30 - 39	721	574	469	527	578	477	437	457	446
	40 - 49	938	746	609	685	755	617	572	596	582
	50 - 54	1,033	819	671	755	830	680	628	654	640
	55 - 59	1,181	936	767	862	948	776	719	747	730
	60 - 64	1,374	1,090	891	1,001	1,101	904	833	867	850
	65 + PRIMARY	1,728	1,369	1,118	1,260	1,388	1,134	1,047	1,092	1,067
	65 + SECONDARY	1,185	941	769	865	951	780	719	750	732
FAMILY	UNDER 30	\$876	\$696	\$569	\$639	\$705	\$577	\$531	\$556	\$542
	30 - 39	1,145	911	742	838	922	756	697	725	709
	40 - 49	1,474	1,169	954	1,075	1,181	970	895	934	911
	50 - 54	1,541	1,222	998	1,124	1,238	1,016	936	976	953
	55 - 59	1,955	1,553	1,266	1,426	1,570	1,286	1,185	1,238	1,209
	60 - 64	2,306	1,829	1,492	1,681	1,849	1,516	1,397	1,459	1,425
	65 + PRIMARY	2,921	2,318	1,893	2,132	2,347	1,923	1,773	1,849	1,808
	65 + SECONDARY	1,721	1,369	1,116	1,256	1,381	1,134	1,043	1,091	1,065

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 10/01/11
Lumenos HRA 5000C MHP (0G5W)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$296	\$236	\$193	\$217	\$239	\$198	\$180	\$188	\$184
	30 - 39	397	317	259	291	321	260	241	254	248
	40 - 49	577	458	373	421	463	381	351	364	356
	50 - 54	693	551	449	505	557	457	421	439	430
	55 - 59	883	700	573	647	709	581	535	560	545
	60 - 64	1,108	879	715	807	889	728	669	698	684
	65 + PRIMARY	1,438	1,141	933	1,049	1,154	947	874	911	888
	65 + SECONDARY	818	650	529	599	659	537	497	519	507
EMPLOYEE AND SPOUSE	UNDER 30	\$627	\$496	\$405	\$457	\$503	\$410	\$378	\$396	\$388
	30 - 39	850	676	550	621	683	560	517	539	527
	40 - 49	1,180	936	765	862	948	777	715	749	731
	50 - 54	1,436	1,139	932	1,048	1,152	946	873	910	887
	55 - 59	1,826	1,451	1,182	1,333	1,465	1,200	1,108	1,157	1,128
	60 - 64	2,228	1,770	1,444	1,628	1,789	1,467	1,351	1,411	1,378
	65 + PRIMARY	2,743	2,178	1,780	2,001	2,204	1,805	1,666	1,737	1,696
	65 + SECONDARY	1,632	1,297	1,058	1,191	1,313	1,075	992	1,034	1,012
EMPLOYEE AND CHILD(REN)	UNDER 30	\$579	\$462	\$376	\$423	\$467	\$383	\$354	\$368	\$360
	30 - 39	723	576	470	529	580	479	440	458	447
	40 - 49	942	749	610	688	758	619	574	600	584
	50 - 54	1,038	822	674	757	833	683	630	658	642
	55 - 59	1,186	941	770	865	952	780	722	749	732
	60 - 64	1,378	1,094	894	1,007	1,106	907	836	872	853
	65 + PRIMARY	1,734	1,375	1,123	1,266	1,394	1,138	1,051	1,097	1,072
	65 + SECONDARY	1,189	944	772	868	953	783	722	754	735
FAMILY	UNDER 30	\$880	\$698	\$571	\$641	\$707	\$580	\$533	\$558	\$544
	30 - 39	1,148	913	744	841	925	757	700	727	713
	40 - 49	1,478	1,174	957	1,078	1,187	973	897	937	914
	50 - 54	1,546	1,227	1,001	1,130	1,242	1,018	939	978	956
	55 - 59	1,963	1,557	1,270	1,431	1,574	1,290	1,190	1,243	1,213
	60 - 64	2,315	1,835	1,497	1,688	1,857	1,521	1,403	1,467	1,431
	65 + PRIMARY	2,933	2,326	1,901	2,141	2,356	1,929	1,782	1,857	1,814
	65 + SECONDARY	1,727	1,373	1,121	1,263	1,387	1,138	1,048	1,095	1,067

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
SOLUTION 2500 PPO (Z270, 06Z7)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$267	\$211	\$178	\$193	\$211	\$173	\$159	\$168	\$162
	30 - 39	357	277	234	257	285	235	211	225	219
	40 - 49	519	406	338	371	413	338	309	326	316
	50 - 54	622	485	410	445	495	404	370	392	377
	55 - 59	795	616	521	570	632	518	470	500	486
	60 - 64	994	772	649	716	792	644	591	625	605
	65 + PRIMARY	1,291	1,005	846	928	1,030	841	772	811	789
	65 + SECONDARY	735	572	479	531	585	478	438	462	449
EMPLOYEE AND SPOUSE	UNDER 30	\$549	\$429	\$360	\$397	\$439	\$360	\$327	\$344	\$336
	30 - 39	737	575	480	532	587	480	442	466	450
	40 - 49	1,060	827	695	764	847	692	631	666	647
	50 - 54	1,291	1,005	846	928	1,030	841	772	811	789
	55 - 59	1,640	1,278	1,075	1,184	1,307	1,069	977	1,029	1,002
	60 - 64	2,003	1,559	1,316	1,442	1,595	1,305	1,195	1,258	1,224
	65 + PRIMARY	2,468	1,919	1,618	1,778	1,966	1,605	1,471	1,549	1,504
	65 + SECONDARY	1,468	1,141	964	1,059	1,174	957	874	920	897
EMPLOYEE AND CHILD(REN)	UNDER 30	\$505	\$395	\$335	\$365	\$407	\$328	\$305	\$320	\$309
	30 - 39	638	496	421	458	507	414	380	403	386
	40 - 49	855	662	560	614	679	554	506	536	518
	50 - 54	937	731	613	677	747	608	556	590	570
	55 - 59	1,072	833	701	772	853	697	637	673	653
	60 - 64	1,246	968	817	899	993	812	740	784	762
	65 + PRIMARY	1,565	1,219	1,025	1,128	1,247	1,020	934	982	952
	65 + SECONDARY	1,073	837	706	774	856	698	642	676	655
FAMILY	UNDER 30	\$779	\$607	\$508	\$559	\$619	\$505	\$463	\$489	\$476
	30 - 39	1,010	783	660	723	800	656	599	632	615
	40 - 49	1,336	1,041	877	960	1,066	870	795	837	817
	50 - 54	1,398	1,088	916	1,007	1,113	910	833	878	855
	55 - 59	1,773	1,380	1,161	1,277	1,413	1,152	1,054	1,112	1,082
	60 - 64	2,093	1,628	1,369	1,505	1,668	1,363	1,249	1,313	1,277
	65 + PRIMARY	2,649	2,062	1,735	1,909	2,111	1,724	1,580	1,666	1,616
	65 + SECONDARY	1,561	1,213	1,023	1,126	1,245	1,020	933	980	951

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
SOLUTION 2500 PPO MHP (02FD, 070R)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$268	\$212	\$178	\$194	\$212	\$174	\$160	\$169	\$163
	30 - 39	359	278	235	258	286	236	212	226	220
	40 - 49	522	407	339	372	415	340	310	328	317
	50 - 54	624	487	412	448	497	405	371	393	378
	55 - 59	798	618	523	572	634	520	472	502	487
	60 - 64	997	774	651	719	795	647	593	628	608
	65 + PRIMARY	1,296	1,009	849	931	1,034	845	774	814	792
	65 + SECONDARY	739	574	481	533	587	480	440	464	451
EMPLOYEE AND SPOUSE	UNDER 30	\$552	\$430	\$362	\$398	\$441	\$362	\$329	\$346	\$337
	30 - 39	740	577	482	534	589	482	445	468	452
	40 - 49	1,065	831	698	767	850	694	633	669	649
	50 - 54	1,296	1,009	849	931	1,034	845	774	814	792
	55 - 59	1,646	1,282	1,079	1,189	1,312	1,073	981	1,033	1,006
	60 - 64	2,011	1,564	1,321	1,449	1,601	1,311	1,199	1,263	1,229
	65 + PRIMARY	2,477	1,927	1,624	1,785	1,974	1,611	1,476	1,554	1,510
	65 + SECONDARY	1,473	1,146	968	1,064	1,179	962	878	924	900
EMPLOYEE AND CHILD(REN)	UNDER 30	\$506	\$397	\$336	\$367	\$409	\$329	\$306	\$321	\$310
	30 - 39	641	498	422	459	509	416	381	404	388
	40 - 49	859	665	563	617	681	557	508	538	520
	50 - 54	940	733	615	680	750	612	558	592	572
	55 - 59	1,077	836	703	775	856	700	639	675	656
	60 - 64	1,251	973	820	903	997	815	743	787	765
	65 + PRIMARY	1,572	1,223	1,029	1,133	1,251	1,024	937	986	956
	65 + SECONDARY	1,078	840	708	777	859	702	646	678	658
FAMILY	UNDER 30	\$782	\$609	\$510	\$561	\$621	\$506	\$465	\$491	\$478
	30 - 39	1,014	786	662	726	803	658	601	634	617
	40 - 49	1,340	1,045	881	964	1,070	873	798	840	820
	50 - 54	1,403	1,092	919	1,011	1,118	914	836	881	858
	55 - 59	1,780	1,385	1,165	1,283	1,418	1,156	1,058	1,116	1,086
	60 - 64	2,100	1,634	1,374	1,512	1,674	1,368	1,254	1,318	1,283
	65 + PRIMARY	2,659	2,069	1,741	1,917	2,119	1,731	1,587	1,672	1,623
	65 + SECONDARY	1,566	1,218	1,027	1,130	1,249	1,023	936	984	955

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
SOLUTION 3500 PPO (Z271, 06Z8)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$229	\$175	\$149	\$166	\$185	\$147	\$137	\$145	\$138
	30 - 39	308	241	201	222	245	199	185	194	188
	40 - 49	445	345	292	321	356	290	265	281	274
	50 - 54	534	420	352	387	428	347	321	336	330
	55 - 59	685	530	448	493	545	442	409	429	416
	60 - 64	856	665	562	617	681	557	509	536	524
	65 + PRIMARY	1,112	869	730	799	888	724	664	696	677
	65 + SECONDARY	634	493	414	457	505	412	376	397	386
EMPLOYEE AND SPOUSE	UNDER 30	\$473	\$371	\$312	\$341	\$380	\$307	\$284	\$299	\$290
	30 - 39	636	496	417	458	507	413	381	399	390
	40 - 49	915	713	598	657	731	593	545	573	559
	50 - 54	1,112	869	730	799	888	724	664	696	677
	55 - 59	1,416	1,101	925	1,016	1,126	918	844	887	861
	60 - 64	1,730	1,347	1,133	1,242	1,377	1,122	1,030	1,083	1,053
	65 + PRIMARY	2,127	1,657	1,393	1,530	1,694	1,379	1,267	1,334	1,297
	65 + SECONDARY	1,265	984	832	907	1,007	822	756	794	772
EMPLOYEE AND CHILD(REN)	UNDER 30	\$435	\$342	\$286	\$316	\$351	\$282	\$260	\$273	\$267
	30 - 39	549	427	361	396	436	356	329	344	336
	40 - 49	735	572	480	528	585	476	439	460	447
	50 - 54	810	629	531	583	645	527	481	503	490
	55 - 59	921	720	604	663	737	598	549	578	565
	60 - 64	1,075	835	705	773	855	696	642	674	655
	65 + PRIMARY	1,352	1,050	885	970	1,075	875	806	844	822
	65 + SECONDARY	922	721	608	665	738	601	553	581	566
FAMILY	UNDER 30	\$669	\$523	\$440	\$484	\$535	\$435	\$399	\$422	\$408
	30 - 39	869	676	570	625	692	566	519	545	529
	40 - 49	1,153	896	757	828	919	748	687	721	701
	50 - 54	1,205	940	789	867	962	782	719	756	734
	55 - 59	1,527	1,189	1,002	1,097	1,216	992	912	958	932
	60 - 64	1,804	1,403	1,182	1,296	1,439	1,170	1,076	1,132	1,096
	65 + PRIMARY	2,284	1,776	1,495	1,644	1,820	1,482	1,361	1,433	1,388
	65 + SECONDARY	1,345	1,046	884	969	1,073	874	803	844	817

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
SOLUTION 3500 PPO MHP (02FE, 070S)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$230	\$175	\$149	\$167	\$186	\$147	\$138	\$145	\$139
	30 - 39	309	242	203	223	246	200	186	195	189
	40 - 49	446	346	293	323	358	291	266	282	275
	50 - 54	537	422	354	389	429	348	322	337	331
	55 - 59	688	532	450	496	547	444	411	430	418
	60 - 64	860	668	564	619	683	559	512	538	526
	65 + PRIMARY	1,116	872	733	802	893	727	667	699	679
	65 + SECONDARY	637	495	417	458	507	414	377	398	388
EMPLOYEE AND SPOUSE	UNDER 30	\$475	\$372	\$313	\$342	\$382	\$308	\$285	\$300	\$291
	30 - 39	640	498	419	459	509	415	383	400	391
	40 - 49	919	715	600	660	734	595	547	576	561
	50 - 54	1,116	872	733	802	893	727	667	699	679
	55 - 59	1,421	1,106	928	1,019	1,131	922	847	891	865
	60 - 64	1,736	1,352	1,137	1,247	1,382	1,126	1,035	1,087	1,057
	65 + PRIMARY	2,136	1,663	1,399	1,536	1,701	1,384	1,273	1,339	1,302
	65 + SECONDARY	1,270	989	835	911	1,012	825	759	796	775
EMPLOYEE AND CHILD(REN)	UNDER 30	\$437	\$345	\$287	\$317	\$352	\$283	\$261	\$274	\$268
	30 - 39	551	429	363	398	438	357	330	346	337
	40 - 49	738	574	482	530	587	478	441	462	449
	50 - 54	813	632	533	585	648	529	483	505	492
	55 - 59	925	723	607	666	740	600	552	580	567
	60 - 64	1,079	839	708	776	858	699	645	677	658
	65 + PRIMARY	1,357	1,055	888	974	1,079	879	809	847	825
	65 + SECONDARY	926	724	610	668	741	603	555	584	568
FAMILY	UNDER 30	\$671	\$525	\$442	\$486	\$537	\$436	\$401	\$424	\$411
	30 - 39	872	678	572	627	694	568	521	547	531
	40 - 49	1,159	899	760	832	922	751	689	724	704
	50 - 54	1,209	945	792	871	965	785	721	759	737
	55 - 59	1,532	1,193	1,006	1,103	1,222	997	915	961	936
	60 - 64	1,810	1,408	1,186	1,301	1,444	1,174	1,080	1,136	1,100
	65 + PRIMARY	2,293	1,783	1,502	1,651	1,827	1,487	1,366	1,438	1,393
	65 + SECONDARY	1,351	1,050	887	972	1,077	878	806	847	820

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
SOLUTION 5000 PPO (Z272, 06Z9)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$200	\$156	\$132	\$148	\$162	\$129	\$119	\$128	\$122
	30 - 39	272	212	180	195	218	177	162	173	166
	40 - 49	392	305	257	285	317	254	237	247	242
	50 - 54	471	371	311	342	378	305	283	297	290
	55 - 59	604	470	396	436	480	390	363	380	367
	60 - 64	754	588	496	545	604	489	450	474	462
	65 + PRIMARY	977	768	646	708	784	637	586	619	601
	65 + SECONDARY	560	435	366	403	446	362	334	349	342
EMPLOYEE AND SPOUSE	UNDER 30	\$417	\$324	\$278	\$301	\$337	\$270	\$250	\$262	\$253
	30 - 39	562	437	368	404	448	364	338	350	343
	40 - 49	805	631	529	582	646	522	480	508	496
	50 - 54	977	768	646	708	784	637	586	619	601
	55 - 59	1,246	974	818	901	996	809	745	785	764
	60 - 64	1,520	1,189	1,002	1,099	1,217	986	910	958	932
	65 + PRIMARY	1,870	1,466	1,230	1,357	1,497	1,213	1,119	1,182	1,147
	65 + SECONDARY	1,113	871	737	806	893	722	667	703	683
EMPLOYEE AND CHILD(REN)	UNDER 30	\$383	\$302	\$254	\$279	\$308	\$250	\$231	\$243	\$238
	30 - 39	484	378	319	352	385	311	291	304	298
	40 - 49	647	504	425	469	516	420	388	410	396
	50 - 54	714	556	469	518	569	463	425	446	435
	55 - 59	812	636	536	588	652	527	486	512	498
	60 - 64	945	736	622	685	758	612	567	597	581
	65 + PRIMARY	1,188	929	781	858	949	771	713	749	728
	65 + SECONDARY	812	637	539	590	653	530	488	514	500
FAMILY	UNDER 30	\$587	\$462	\$389	\$428	\$472	\$380	\$352	\$372	\$361
	30 - 39	764	598	505	553	613	499	457	482	468
	40 - 49	1,013	791	667	734	813	658	605	642	622
	50 - 54	1,062	832	699	767	848	688	636	669	651
	55 - 59	1,344	1,052	885	972	1,075	873	805	846	825
	60 - 64	1,587	1,242	1,045	1,146	1,269	1,031	949	1,003	971
	65 + PRIMARY	2,011	1,570	1,324	1,455	1,607	1,304	1,201	1,266	1,232
	65 + SECONDARY	1,184	927	780	857	947	769	709	748	723

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
SOLUTION 5000 PPO MHP (02FF, 070T)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$201	\$157	\$133	\$148	\$163	\$130	\$119	\$129	\$122
	30 - 39	273	213	180	196	219	177	163	173	167
	40 - 49	393	306	258	286	318	255	237	248	243
	50 - 54	473	372	312	343	380	306	284	298	291
	55 - 59	608	472	397	439	482	392	364	383	368
	60 - 64	757	590	498	547	607	490	452	476	464
	65 + PRIMARY	982	770	648	710	787	640	588	621	604
	65 + SECONDARY	562	437	367	404	448	363	336	351	343
EMPLOYEE AND SPOUSE	UNDER 30	\$418	\$326	\$279	\$302	\$338	\$271	\$251	\$263	\$254
	30 - 39	564	439	369	406	450	365	339	353	344
	40 - 49	808	635	531	584	648	524	482	510	498
	50 - 54	982	770	648	710	787	640	588	621	604
	55 - 59	1,251	978	821	904	1,000	812	748	788	766
	60 - 64	1,526	1,193	1,007	1,103	1,221	989	913	961	935
	65 + PRIMARY	1,877	1,471	1,235	1,362	1,503	1,217	1,123	1,186	1,151
	65 + SECONDARY	1,117	874	739	809	896	725	670	705	686
EMPLOYEE AND CHILD(REN)	UNDER 30	\$384	\$304	\$255	\$280	\$309	\$250	\$232	\$244	\$239
	30 - 39	486	379	320	353	387	312	292	305	299
	40 - 49	650	506	427	471	518	422	389	412	398
	50 - 54	716	558	470	520	571	465	427	448	437
	55 - 59	814	638	538	590	655	529	488	514	500
	60 - 64	949	739	624	687	761	614	569	600	583
	65 + PRIMARY	1,193	932	785	861	953	774	715	751	732
	65 + SECONDARY	814	639	542	592	656	532	490	516	502
FAMILY	UNDER 30	\$591	\$464	\$390	\$430	\$474	\$382	\$353	\$373	\$363
	30 - 39	767	600	507	555	615	500	459	483	469
	40 - 49	1,017	794	669	737	816	661	608	645	625
	50 - 54	1,065	835	701	770	852	691	638	672	653
	55 - 59	1,349	1,056	888	976	1,079	877	809	849	829
	60 - 64	1,592	1,248	1,050	1,152	1,274	1,035	953	1,006	974
	65 + PRIMARY	2,019	1,576	1,329	1,461	1,613	1,309	1,207	1,270	1,236
	65 + SECONDARY	1,188	930	783	860	950	772	712	751	726

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
ELEMENTS HOSPITAL (EF49, 06ZC)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$142	\$130	\$119	\$121	\$138	\$122	\$106	\$109	\$106
	30 - 39	173	165	143	158	174	149	135	140	137
	40 - 49	237	223	196	209	232	210	179	184	183
	50 - 54	313	295	263	288	311	280	240	247	244
	55 - 59	385	361	322	344	386	344	292	302	302
	60 - 64	502	466	422	452	508	459	374	384	391
	65 + PRIMARY	582	592	520	601	618	607	483	498	475
	65 + SECONDARY	237	242	232	268	274	263	195	202	217
EMPLOYEE AND SPOUSE	UNDER 30	\$413	\$381	\$347	\$369	\$408	\$376	\$312	\$321	\$318
	30 - 39	480	442	398	431	487	435	359	369	377
	40 - 49	466	448	400	434	487	431	360	370	377
	50 - 54	647	607	543	588	664	596	488	503	515
	55 - 59	797	746	665	723	806	735	606	623	626
	60 - 64	958	912	836	905	1,013	911	741	763	785
	65 + PRIMARY	1,347	1,373	1,209	1,393	1,424	1,398	1,113	1,147	1,105
	65 + SECONDARY	624	641	603	700	722	678	518	530	569
EMPLOYEE AND CHILD(REN)	UNDER 30	\$328	\$293	\$270	\$287	\$321	\$289	\$240	\$247	\$247
	30 - 39	350	324	287	309	348	317	263	270	269
	40 - 49	365	332	300	322	365	323	273	280	281
	50 - 54	432	392	353	382	434	386	318	327	338
	55 - 59	512	465	422	451	509	456	378	388	395
	60 - 64	629	581	531	571	642	574	473	486	499
	65 + PRIMARY	705	717	636	729	747	730	578	594	578
	65 + SECONDARY	278	279	271	308	309	301	223	228	240
FAMILY	UNDER 30	\$481	\$439	\$394	\$424	\$477	\$429	\$355	\$366	\$373
	30 - 39	543	500	448	477	540	483	403	412	419
	40 - 49	606	567	507	550	620	558	459	473	477
	50 - 54	728	665	597	652	726	662	540	555	567
	55 - 59	891	805	729	787	882	797	653	671	682
	60 - 64	1,111	1,020	928	1,007	1,135	1,013	824	849	883
	65 + PRIMARY	1,415	1,438	1,267	1,463	1,499	1,471	1,165	1,198	1,161
	65 + SECONDARY	658	668	627	744	758	710	546	562	594

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
ELEMENTS HOSPITAL MHP (02FG, 070U)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$143	\$131	\$120	\$122	\$139	\$123	\$106	\$110	\$106
	30 - 39	173	165	144	158	174	149	137	141	138
	40 - 49	238	224	197	210	233	211	179	185	184
	50 - 54	314	296	264	289	312	281	242	248	245
	55 - 59	386	362	324	347	387	347	293	303	303
	60 - 64	504	468	424	453	510	460	375	385	392
	65 + PRIMARY	584	594	522	603	622	610	485	500	477
	65 + SECONDARY	238	243	233	269	275	264	196	203	218
EMPLOYEE AND SPOUSE	UNDER 30	\$415	\$382	\$348	\$370	\$411	\$377	\$313	\$322	\$319
	30 - 39	482	444	400	433	489	437	360	370	378
	40 - 49	468	449	402	436	489	433	361	371	378
	50 - 54	649	610	545	590	666	599	490	505	517
	55 - 59	800	748	667	727	810	738	608	626	629
	60 - 64	961	917	840	909	1,017	916	743	767	789
	65 + PRIMARY	1,352	1,379	1,214	1,400	1,430	1,404	1,118	1,151	1,109
	65 + SECONDARY	627	644	605	704	726	681	520	532	571
EMPLOYEE AND CHILD(REN)	UNDER 30	\$329	\$294	\$271	\$288	\$322	\$290	\$242	\$248	\$248
	30 - 39	351	325	288	311	349	318	264	271	270
	40 - 49	366	334	301	323	366	324	274	281	282
	50 - 54	434	393	354	384	436	387	320	328	339
	55 - 59	514	468	423	453	511	457	380	389	396
	60 - 64	631	584	533	573	645	576	475	488	501
	65 + PRIMARY	708	720	639	733	750	734	581	596	581
	65 + SECONDARY	279	280	272	309	310	302	223	229	241
FAMILY	UNDER 30	\$483	\$441	\$395	\$426	\$479	\$432	\$356	\$369	\$375
	30 - 39	545	502	449	479	542	485	405	414	422
	40 - 49	608	570	509	552	623	560	460	475	479
	50 - 54	731	668	600	654	729	665	543	557	570
	55 - 59	894	809	733	791	886	800	655	674	685
	60 - 64	1,117	1,024	932	1,011	1,139	1,017	828	852	887
	65 + PRIMARY	1,422	1,443	1,272	1,469	1,505	1,478	1,171	1,202	1,166
	65 + SECONDARY	660	671	630	747	760	714	548	564	596

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
ELEMENTS HOSPITAL PLUS (EF50, 06ZB)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$171	\$158	\$143	\$145	\$166	\$146	\$127	\$130	\$127
	30 - 39	208	197	173	187	210	181	164	168	165
	40 - 49	285	267	236	250	277	253	216	222	219
	50 - 54	376	354	315	344	374	336	289	297	292
	55 - 59	464	434	386	414	463	415	352	361	363
	60 - 64	604	559	506	543	611	550	449	462	469
	65 + PRIMARY	697	712	623	722	741	730	582	597	571
	65 + SECONDARY	285	289	277	322	331	316	236	243	261
EMPLOYEE AND SPOUSE	UNDER 30	\$496	\$457	\$415	\$442	\$490	\$450	\$375	\$384	\$382
	30 - 39	576	533	478	518	586	524	433	443	453
	40 - 49	559	537	481	522	586	518	434	444	453
	50 - 54	775	731	651	706	796	715	587	605	617
	55 - 59	957	894	798	868	967	882	728	749	753
	60 - 64	1,151	1,097	1,004	1,087	1,217	1,095	891	917	942
	65 + PRIMARY	1,618	1,650	1,451	1,675	1,712	1,678	1,339	1,376	1,325
	65 + SECONDARY	750	768	723	842	867	817	621	637	684
EMPLOYEE AND CHILD(REN)	UNDER 30	\$394	\$352	\$323	\$344	\$385	\$347	\$288	\$296	\$298
	30 - 39	420	390	345	369	417	381	316	324	323
	40 - 49	438	400	360	387	439	388	327	338	338
	50 - 54	517	472	424	459	522	463	382	394	406
	55 - 59	615	562	507	541	611	548	456	467	474
	60 - 64	756	699	638	685	773	690	567	583	598
	65 + PRIMARY	844	861	764	875	899	877	695	714	695
	65 + SECONDARY	332	334	325	372	372	361	267	274	287
FAMILY	UNDER 30	\$576	\$527	\$474	\$512	\$574	\$517	\$427	\$440	\$448
	30 - 39	652	598	537	574	650	581	484	498	504
	40 - 49	728	680	609	660	745	671	551	567	574
	50 - 54	875	797	717	781	872	795	648	667	680
	55 - 59	1,069	969	876	945	1,059	957	786	806	820
	60 - 64	1,335	1,222	1,116	1,211	1,364	1,217	991	1,020	1,060
	65 + PRIMARY	1,700	1,726	1,521	1,757	1,800	1,768	1,400	1,440	1,394
	65 + SECONDARY	790	802	753	896	910	855	655	674	715

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
ELEMENTS HOSPITAL PLUS MHP (02FH, 070V)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$171	\$158	\$144	\$146	\$166	\$147	\$128	\$131	\$128
	30 - 39	209	198	173	188	211	182	164	168	165
	40 - 49	286	268	237	251	278	254	217	223	221
	50 - 54	377	355	316	347	375	338	290	298	293
	55 - 59	465	436	387	416	464	417	353	362	364
	60 - 64	606	561	508	545	614	552	450	463	471
	65 + PRIMARY	700	715	626	726	743	733	584	600	573
	65 + SECONDARY	286	290	278	324	333	317	237	244	263
EMPLOYEE AND SPOUSE	UNDER 30	\$498	\$458	\$417	\$444	\$492	\$452	\$376	\$385	\$383
	30 - 39	579	536	480	520	588	526	435	445	454
	40 - 49	561	540	483	524	588	520	436	445	454
	50 - 54	778	734	653	709	799	718	589	607	621
	55 - 59	960	898	801	872	971	885	731	751	756
	60 - 64	1,155	1,101	1,008	1,091	1,222	1,099	895	921	945
	65 + PRIMARY	1,625	1,656	1,456	1,681	1,719	1,685	1,344	1,381	1,331
	65 + SECONDARY	753	771	727	845	870	820	624	641	687
EMPLOYEE AND CHILD(REN)	UNDER 30	\$395	\$353	\$324	\$347	\$386	\$349	\$289	\$297	\$299
	30 - 39	421	391	346	371	418	382	317	325	324
	40 - 49	440	401	361	388	441	389	328	339	339
	50 - 54	519	474	425	460	525	465	384	395	408
	55 - 59	619	564	509	544	614	550	457	469	476
	60 - 64	758	702	640	688	776	692	569	586	601
	65 + PRIMARY	848	864	767	878	902	881	697	717	697
	65 + SECONDARY	334	335	326	374	374	362	268	275	288
FAMILY	UNDER 30	\$579	\$529	\$476	\$515	\$576	\$519	\$429	\$442	\$450
	30 - 39	655	601	539	576	653	583	486	500	506
	40 - 49	731	683	611	662	748	674	553	570	576
	50 - 54	878	800	720	784	876	798	650	670	683
	55 - 59	1,073	973	879	948	1,063	962	790	810	823
	60 - 64	1,340	1,228	1,120	1,216	1,369	1,222	995	1,024	1,064
	65 + PRIMARY	1,708	1,732	1,527	1,765	1,807	1,775	1,406	1,445	1,400
	65 + SECONDARY	793	805	756	899	914	858	658	678	718

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
ELEMENTS HOSPITAL PREFERRED (EF51, 06ZA)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$213	\$196	\$179	\$181	\$206	\$183	\$160	\$164	\$160
	30 - 39	260	247	215	234	261	226	202	209	205
	40 - 49	355	334	295	313	347	314	269	277	273
	50 - 54	467	441	394	431	464	422	360	371	365
	55 - 59	578	541	482	516	579	518	439	452	453
	60 - 64	751	698	631	677	762	688	559	575	586
	65 + PRIMARY	870	888	777	899	926	910	725	746	714
	65 + SECONDARY	355	362	345	402	412	394	294	303	324
EMPLOYEE AND SPOUSE	UNDER 30	\$618	\$571	\$521	\$550	\$613	\$562	\$467	\$480	\$476
	30 - 39	719	665	599	645	730	652	538	551	563
	40 - 49	698	671	602	650	730	645	539	555	563
	50 - 54	967	911	814	881	993	893	732	754	769
	55 - 59	1,194	1,116	993	1,083	1,209	1,103	906	935	939
	60 - 64	1,435	1,369	1,251	1,357	1,518	1,366	1,111	1,143	1,176
	65 + PRIMARY	2,021	2,058	1,812	2,088	2,136	2,096	1,670	1,717	1,655
	65 + SECONDARY	937	959	903	1,049	1,083	1,017	773	796	854
EMPLOYEE AND CHILD(REN)	UNDER 30	\$490	\$438	\$403	\$429	\$480	\$432	\$359	\$371	\$371
	30 - 39	524	486	428	462	521	475	395	404	401
	40 - 49	548	498	450	481	548	482	407	421	423
	50 - 54	648	586	529	574	651	576	476	491	507
	55 - 59	768	700	633	676	762	681	567	581	591
	60 - 64	941	870	796	856	965	860	706	728	747
	65 + PRIMARY	1,057	1,073	954	1,092	1,119	1,095	867	891	867
	65 + SECONDARY	416	418	405	462	463	450	334	344	359
FAMILY	UNDER 30	\$720	\$659	\$591	\$637	\$716	\$645	\$532	\$549	\$560
	30 - 39	814	747	672	714	810	725	602	620	629
	40 - 49	909	849	763	825	929	839	687	707	717
	50 - 54	1,091	995	895	975	1,090	990	809	832	849
	55 - 59	1,336	1,207	1,093	1,178	1,321	1,195	979	1,007	1,023
	60 - 64	1,667	1,526	1,392	1,510	1,700	1,518	1,235	1,273	1,323
	65 + PRIMARY	2,122	2,153	1,897	2,192	2,246	2,206	1,747	1,796	1,742
	65 + SECONDARY	986	1,002	941	1,119	1,137	1,068	819	841	891

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
ELEMENTS HOSPITAL PREFERRED MHP (02FJ, 070W)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$214	\$197	\$179	\$182	\$207	\$184	\$160	\$164	\$160
	30 - 39	261	248	216	235	263	227	203	210	206
	40 - 49	356	336	296	314	348	315	270	278	274
	50 - 54	469	443	396	433	466	424	361	372	366
	55 - 59	580	544	484	518	581	520	441	453	454
	60 - 64	754	701	634	679	765	691	561	578	588
	65 + PRIMARY	874	891	780	903	930	915	728	748	717
	65 + SECONDARY	356	363	347	404	414	396	295	305	327
EMPLOYEE AND SPOUSE	UNDER 30	\$622	\$573	\$523	\$552	\$616	\$564	\$469	\$482	\$478
	30 - 39	722	667	601	647	733	654	541	553	565
	40 - 49	701	673	604	652	733	647	542	558	565
	50 - 54	971	916	817	884	998	897	735	757	772
	55 - 59	1,199	1,121	998	1,087	1,214	1,107	910	939	942
	60 - 64	1,441	1,374	1,256	1,362	1,525	1,371	1,116	1,148	1,180
	65 + PRIMARY	2,029	2,066	1,820	2,097	2,144	2,104	1,676	1,724	1,661
	65 + SECONDARY	940	962	907	1,053	1,087	1,022	776	799	857
EMPLOYEE AND CHILD(REN)	UNDER 30	\$492	\$440	\$405	\$432	\$482	\$434	\$360	\$373	\$373
	30 - 39	526	488	430	464	523	476	397	406	403
	40 - 49	550	500	452	483	550	484	410	422	424
	50 - 54	651	589	531	576	654	578	478	493	509
	55 - 59	772	703	635	679	765	684	569	584	593
	60 - 64	946	873	799	859	968	863	709	731	750
	65 + PRIMARY	1,061	1,078	958	1,097	1,124	1,099	870	894	870
	65 + SECONDARY	418	420	407	464	465	452	335	346	360
FAMILY	UNDER 30	\$723	\$663	\$593	\$639	\$719	\$647	\$534	\$551	\$563
	30 - 39	818	750	674	717	813	728	605	622	631
	40 - 49	913	852	766	829	933	842	690	709	720
	50 - 54	1,096	998	898	979	1,095	994	813	835	852
	55 - 59	1,342	1,213	1,098	1,182	1,327	1,199	984	1,011	1,027
	60 - 64	1,673	1,533	1,397	1,517	1,708	1,524	1,240	1,278	1,328
	65 + PRIMARY	2,130	2,162	1,905	2,202	2,256	2,214	1,754	1,804	1,749
	65 + SECONDARY	990	1,005	945	1,123	1,141	1,072	822	844	894

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11
HOSPITAL BENEFITS (X350)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$135	\$123	\$116	\$116	\$130	\$118	\$100	\$107	\$100
	30 - 39	166	157	139	146	164	144	127	137	128
	40 - 49	229	215	192	200	220	204	172	184	174
	50 - 54	303	285	257	272	295	271	228	244	231
	55 - 59	370	348	313	326	366	332	278	298	284
	60 - 64	483	452	414	429	482	440	353	380	372
	65 + PRIMARY	558	575	509	570	584	586	458	494	451
	65 + SECONDARY	229	233	225	254	263	252	186	199	205
EMPLOYEE AND SPOUSE	UNDER 30	\$399	\$369	\$338	\$351	\$387	\$359	\$296	\$317	\$301
	30 - 39	462	429	388	411	461	422	341	368	359
	40 - 49	448	435	394	415	461	415	343	370	359
	50 - 54	623	587	531	558	631	575	461	499	486
	55 - 59	768	720	649	688	767	707	573	618	596
	60 - 64	922	885	813	858	961	876	705	759	744
	65 + PRIMARY	1,298	1,328	1,182	1,322	1,355	1,347	1,059	1,139	1,048
	65 + SECONDARY	604	616	587	667	685	653	490	527	541
EMPLOYEE AND CHILD(REN)	UNDER 30	\$318	\$282	\$264	\$273	\$303	\$278	\$228	\$244	\$235
	30 - 39	339	313	280	295	331	306	249	267	254
	40 - 49	353	321	295	305	344	310	258	277	268
	50 - 54	418	381	346	367	414	374	299	323	319
	55 - 59	495	452	415	427	482	441	360	387	375
	60 - 64	608	563	516	541	610	552	448	481	473
	65 + PRIMARY	679	692	619	690	707	704	549	590	549
	65 + SECONDARY	268	270	266	291	295	289	210	227	228
FAMILY	UNDER 30	\$463	\$425	\$387	\$403	\$455	\$413	\$337	\$362	\$354
	30 - 39	523	483	437	453	514	466	384	412	398
	40 - 49	585	549	498	520	591	540	436	470	455
	50 - 54	702	641	586	618	689	640	513	552	536
	55 - 59	857	781	712	746	838	768	623	670	649
	60 - 64	1,069	987	910	958	1,080	976	779	840	838
	65 + PRIMARY	1,365	1,391	1,242	1,385	1,422	1,421	1,105	1,188	1,103
	65 + SECONDARY	635	646	611	706	717	688	521	558	566

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11

HOSPITAL BENEFITS PLUS (X351)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$162	\$150	\$137	\$139	\$157	\$141	\$121	\$129	\$119
	30 - 39	197	189	166	176	197	173	151	163	155
	40 - 49	270	252	230	237	263	242	203	218	205
	50 - 54	359	338	307	325	349	323	271	292	271
	55 - 59	439	413	374	389	436	396	331	356	340
	60 - 64	574	536	490	511	572	525	422	453	444
	65 + PRIMARY	666	682	604	675	696	693	543	584	536
	65 + SECONDARY	270	278	269	301	312	299	220	236	245
EMPLOYEE AND SPOUSE	UNDER 30	\$475	\$439	\$402	\$416	\$460	\$426	\$349	\$375	\$358
	30 - 39	548	509	461	485	549	500	405	437	426
	40 - 49	533	514	468	490	549	491	407	438	426
	50 - 54	742	701	630	664	747	680	550	593	579
	55 - 59	912	857	772	815	910	842	682	732	706
	60 - 64	1,096	1,052	968	1,021	1,141	1,043	837	900	882
	65 + PRIMARY	1,544	1,579	1,401	1,572	1,609	1,601	1,257	1,352	1,243
	65 + SECONDARY	715	737	699	791	815	773	582	626	641
EMPLOYEE AND CHILD(REN)	UNDER 30	\$376	\$333	\$313	\$324	\$360	\$332	\$271	\$291	\$278
	30 - 39	401	374	330	349	391	364	296	318	302
	40 - 49	418	384	350	359	411	367	305	327	318
	50 - 54	497	450	414	435	494	442	355	383	381
	55 - 59	584	536	492	507	571	521	427	460	444
	60 - 64	720	668	615	645	725	657	533	574	563
	65 + PRIMARY	806	821	740	821	839	836	653	703	653
	65 + SECONDARY	320	319	315	347	349	343	251	270	270
FAMILY	UNDER 30	\$549	\$504	\$460	\$480	\$537	\$491	\$399	\$429	\$421
	30 - 39	623	573	519	537	611	556	454	488	472
	40 - 49	695	652	591	618	698	642	516	556	540
	50 - 54	833	765	695	733	819	758	608	654	636
	55 - 59	1,017	929	844	887	996	909	736	793	769
	60 - 64	1,272	1,172	1,080	1,135	1,282	1,158	932	1,000	995
	65 + PRIMARY	1,621	1,652	1,473	1,648	1,689	1,682	1,312	1,412	1,310
	65 + SECONDARY	752	770	730	838	849	817	614	661	670

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

Hospital BeneFits Plus-Current Monthly Premium Rate

Annual Premium equals to monthly premium rate multiplied by 12.

10/4/2011 9:16 AM

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/11

HOSPITAL BENEFITS PREFERRED (X352)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$170	\$156	\$146	\$143	\$163	\$146	\$125	\$135	\$125
	30 - 39	211	197	176	185	206	181	160	172	161
	40 - 49	286	269	243	250	280	255	215	233	217
	50 - 54	381	362	327	349	374	343	288	309	292
	55 - 59	471	444	399	417	469	425	353	380	362
	60 - 64	614	575	525	548	615	562	450	483	474
	65 + PRIMARY	715	734	649	728	747	746	583	627	575
	65 + SECONDARY	286	297	283	322	332	321	235	252	261
EMPLOYEE AND SPOUSE	UNDER 30	\$499	\$464	\$424	\$440	\$489	\$454	\$369	\$399	\$380
	30 - 39	582	541	488	516	584	530	427	460	451
	40 - 49	567	546	495	520	584	525	430	464	451
	50 - 54	792	745	671	707	805	730	586	629	616
	55 - 59	978	918	826	876	976	900	730	785	754
	60 - 64	1,178	1,129	1,036	1,097	1,227	1,120	898	965	948
	65 + PRIMARY	1,661	1,699	1,511	1,695	1,733	1,725	1,353	1,454	1,339
	65 + SECONDARY	765	786	745	847	873	832	620	668	686
EMPLOYEE AND CHILD(REN)	UNDER 30	\$394	\$354	\$327	\$340	\$380	\$347	\$282	\$303	\$292
	30 - 39	422	393	347	369	416	383	309	332	318
	40 - 49	439	403	366	382	434	388	321	346	335
	50 - 54	525	475	435	457	520	467	376	404	401
	55 - 59	623	571	521	541	609	555	450	484	471
	60 - 64	769	713	655	688	775	703	568	610	598
	65 + PRIMARY	861	880	787	880	900	895	698	750	697
	65 + SECONDARY	332	334	329	367	367	361	261	280	284
FAMILY	UNDER 30	\$573	\$530	\$483	\$506	\$568	\$517	\$419	\$451	\$439
	30 - 39	656	605	547	568	646	585	476	512	498
	40 - 49	731	691	625	652	740	678	543	584	571
	50 - 54	885	807	734	780	873	801	644	694	676
	55 - 59	1,086	988	899	945	1,064	971	783	845	817
	60 - 64	1,361	1,250	1,152	1,216	1,374	1,241	991	1,065	1,061
	65 + PRIMARY	1,739	1,774	1,580	1,772	1,816	1,811	1,409	1,515	1,405
	65 + SECONDARY	796	817	777	891	907	867	651	699	713

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

SERFF Tracking Number: AWLP-127674891 State: California
Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2011-01930
Company
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: 01012012 Rate Filing
Project Name/Number: /

Attachment "CDIratefilingform-10 Proposed Rate.xlsx" is not a PDF document and cannot be reproduced here.

See next page for attachment.

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 3000D (OFER)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$339	\$270	\$220	\$248	\$273	\$226	\$207	\$215	\$211
	30 - 39	455	364	296	334	367	299	276	291	283
	40 - 49	662	525	428	482	528	435	402	417	408
	50 - 54	795	630	514	579	638	524	481	503	494
	55 - 59	1,012	801	656	740	813	665	613	641	625
	60 - 64	1,267	1,007	819	926	1,019	833	766	800	783
	65 + PRIMARY	1,647	1,306	1,069	1,201	1,321	1,084	1,001	1,043	1,018
	65 + SECONDARY	935	745	606	685	754	615	569	593	582
EMPLOYEE AND SPOUSE	UNDER 30	\$717	\$568	\$465	\$523	\$577	\$470	\$433	\$454	\$442
	30 - 39	972	774	630	710	782	640	592	617	602
	40 - 49	1,350	1,071	878	988	1,086	890	818	857	837
	50 - 54	1,645	1,305	1,067	1,199	1,320	1,083	999	1,041	1,017
	55 - 59	2,090	1,662	1,354	1,525	1,676	1,373	1,270	1,324	1,292
	60 - 64	2,551	2,026	1,654	1,862	2,050	1,678	1,546	1,616	1,578
	65 + PRIMARY	3,141	2,493	2,036	2,293	2,522	2,067	1,908	1,990	1,940
	65 + SECONDARY	1,871	1,487	1,212	1,365	1,504	1,229	1,135	1,185	1,158
EMPLOYEE AND CHILD(REN)	UNDER 30	\$664	\$527	\$430	\$484	\$535	\$438	\$404	\$422	\$412
	30 - 39	828	659	539	606	665	548	503	525	512
	40 - 49	1,078	857	699	787	867	709	657	685	669
	50 - 54	1,187	941	771	867	954	781	722	752	735
	55 - 59	1,358	1,076	882	991	1,090	892	826	858	839
	60 - 64	1,579	1,252	1,024	1,151	1,266	1,039	957	996	977
	65 + PRIMARY	1,986	1,574	1,285	1,448	1,595	1,304	1,203	1,255	1,227
	65 + SECONDARY	1,362	1,081	884	994	1,093	896	826	862	841
FAMILY	UNDER 30	\$1,007	\$800	\$654	\$734	\$810	\$664	\$610	\$639	\$623
	30 - 39	1,316	1,047	853	963	1,060	868	801	834	815
	40 - 49	1,694	1,343	1,097	1,235	1,358	1,115	1,028	1,073	1,048
	50 - 54	1,770	1,405	1,147	1,292	1,422	1,167	1,076	1,121	1,096
	55 - 59	2,247	1,785	1,455	1,638	1,804	1,478	1,362	1,423	1,390
	60 - 64	2,650	2,102	1,715	1,932	2,125	1,743	1,606	1,677	1,637
	65 + PRIMARY	3,357	2,664	2,176	2,450	2,697	2,210	2,038	2,125	2,078
	65 + SECONDARY	1,977	1,573	1,283	1,444	1,587	1,304	1,199	1,253	1,224

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 3000D MHP (0G5V)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$340	\$271	\$222	\$249	\$274	\$227	\$207	\$216	\$212
	30 - 39	457	365	298	335	369	299	276	292	285
	40 - 49	664	526	429	484	532	438	403	419	410
	50 - 54	797	633	516	581	640	525	483	505	495
	55 - 59	1,015	805	658	743	815	668	615	644	627
	60 - 64	1,273	1,011	822	928	1,022	837	769	802	786
	65 + PRIMARY	1,653	1,312	1,072	1,205	1,326	1,089	1,005	1,048	1,021
	65 + SECONDARY	940	748	608	688	758	617	571	596	583
EMPLOYEE AND SPOUSE	UNDER 30	\$721	\$570	\$466	\$525	\$579	\$471	\$434	\$455	\$445
	30 - 39	977	777	632	714	784	643	594	620	605
	40 - 49	1,356	1,076	880	991	1,090	893	822	861	840
	50 - 54	1,651	1,309	1,071	1,204	1,324	1,087	1,004	1,046	1,020
	55 - 59	2,098	1,667	1,359	1,532	1,683	1,379	1,274	1,329	1,296
	60 - 64	2,560	2,034	1,660	1,871	2,056	1,687	1,552	1,622	1,584
	65 + PRIMARY	3,153	2,504	2,046	2,300	2,533	2,075	1,915	1,997	1,949
	65 + SECONDARY	1,876	1,491	1,215	1,369	1,509	1,235	1,140	1,188	1,163
EMPLOYEE AND CHILD(REN)	UNDER 30	\$666	\$531	\$432	\$486	\$537	\$440	\$407	\$423	\$414
	30 - 39	830	663	540	608	667	551	506	526	514
	40 - 49	1,082	861	701	791	871	712	659	689	672
	50 - 54	1,193	945	775	870	957	784	724	757	737
	55 - 59	1,363	1,081	885	994	1,094	896	829	861	841
	60 - 64	1,584	1,257	1,027	1,157	1,271	1,042	961	1,002	980
	65 + PRIMARY	1,993	1,580	1,290	1,455	1,602	1,308	1,208	1,261	1,232
	65 + SECONDARY	1,366	1,084	887	997	1,096	900	829	866	845
FAMILY	UNDER 30	\$1,012	\$802	\$656	\$736	\$813	\$667	\$612	\$641	\$626
	30 - 39	1,320	1,050	855	967	1,063	870	805	836	819
	40 - 49	1,699	1,350	1,100	1,239	1,364	1,118	1,031	1,077	1,051
	50 - 54	1,777	1,410	1,151	1,298	1,427	1,170	1,079	1,124	1,099
	55 - 59	2,256	1,790	1,459	1,645	1,809	1,483	1,368	1,428	1,394
	60 - 64	2,660	2,109	1,720	1,939	2,134	1,748	1,613	1,686	1,645
	65 + PRIMARY	3,371	2,674	2,185	2,461	2,707	2,217	2,048	2,134	2,085
	65 + SECONDARY	1,985	1,578	1,288	1,451	1,594	1,308	1,204	1,258	1,227

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 3000C (0FEQ)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$351	\$280	\$228	\$256	\$283	\$234	\$214	\$222	\$218
	30 - 39	471	376	306	345	380	309	286	301	293
	40 - 49	685	544	443	499	547	451	417	431	422
	50 - 54	822	652	532	599	660	543	498	520	511
	55 - 59	1,048	828	679	766	842	688	635	664	646
	60 - 64	1,311	1,041	848	958	1,055	861	793	827	811
	65 + PRIMARY	1,704	1,352	1,107	1,243	1,367	1,122	1,036	1,080	1,054
EMPLOYEE AND SPOUSE	65 + SECONDARY	968	771	628	709	780	637	589	613	602
	UNDER 30	\$742	\$588	\$481	\$542	\$597	\$486	\$449	\$470	\$458
	30 - 39	1,006	801	652	734	810	663	612	639	624
	40 - 49	1,397	1,109	908	1,023	1,124	921	847	887	866
	50 - 54	1,702	1,351	1,104	1,241	1,366	1,121	1,034	1,078	1,053
	55 - 59	2,163	1,720	1,401	1,578	1,735	1,421	1,314	1,370	1,337
	60 - 64	2,640	2,097	1,712	1,927	2,122	1,737	1,601	1,672	1,633
EMPLOYEE AND CHILD(REN)	65 + PRIMARY	3,250	2,580	2,107	2,373	2,610	2,140	1,974	2,059	2,008
	65 + SECONDARY	1,936	1,539	1,254	1,413	1,556	1,272	1,175	1,226	1,199
	UNDER 30	\$687	\$546	\$445	\$502	\$553	\$454	\$419	\$436	\$426
	30 - 39	857	683	557	628	688	567	520	544	530
	40 - 49	1,116	887	724	815	898	733	680	709	692
	50 - 54	1,229	974	798	898	988	809	748	778	761
	55 - 59	1,405	1,114	912	1,026	1,127	923	855	888	868
FAMILY	60 - 64	1,634	1,296	1,060	1,191	1,310	1,076	991	1,031	1,011
	65 + PRIMARY	2,055	1,629	1,330	1,498	1,652	1,350	1,245	1,299	1,270
	65 + SECONDARY	1,410	1,119	914	1,029	1,130	928	855	892	870
	UNDER 30	\$1,041	\$827	\$677	\$760	\$839	\$687	\$632	\$662	\$644
	30 - 39	1,362	1,083	883	996	1,097	899	828	862	844
	40 - 49	1,753	1,391	1,135	1,278	1,405	1,154	1,064	1,111	1,084
	50 - 54	1,833	1,454	1,187	1,337	1,473	1,208	1,114	1,160	1,134
	55 - 59	2,326	1,847	1,506	1,696	1,868	1,530	1,410	1,474	1,438
	60 - 64	2,743	2,176	1,776	2,000	2,200	1,804	1,662	1,736	1,695
	65 + PRIMARY	3,474	2,758	2,252	2,536	2,791	2,288	2,109	2,200	2,150
	65 + SECONDARY	2,047	1,628	1,328	1,484	1,642	1,350	1,241	1,297	1,267

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 3000C MHP (0G5U)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$352	\$281	\$230	\$258	\$284	\$236	\$214	\$223	\$219
	30 - 39	473	377	308	346	382	309	286	302	295
	40 - 49	687	545	444	502	551	454	418	433	424
	50 - 54	824	655	535	601	663	544	501	522	512
	55 - 59	1,051	834	682	769	844	691	637	667	648
	60 - 64	1,318	1,047	851	961	1,058	866	796	829	814
	65 + PRIMARY	1,710	1,358	1,110	1,247	1,372	1,126	1,039	1,084	1,057
EMPLOYEE AND SPOUSE	65 + SECONDARY	973	774	630	713	784	639	592	616	603
	UNDER 30	\$746	\$590	\$482	\$544	\$599	\$487	\$450	\$471	\$461
	30 - 39	1,011	805	654	738	812	666	614	641	627
	40 - 49	1,403	1,114	910	1,026	1,127	925	851	891	869
	50 - 54	1,708	1,355	1,109	1,246	1,370	1,125	1,038	1,082	1,056
	55 - 59	2,172	1,725	1,406	1,585	1,743	1,427	1,319	1,375	1,341
	60 - 64	2,650	2,105	1,718	1,936	2,128	1,746	1,607	1,678	1,639
EMPLOYEE AND CHILD(REN)	65 + PRIMARY	3,263	2,592	2,118	2,381	2,622	2,147	1,981	2,066	2,017
	65 + SECONDARY	1,942	1,543	1,258	1,417	1,563	1,278	1,180	1,230	1,204
	UNDER 30	\$689	\$550	\$447	\$504	\$555	\$456	\$421	\$437	\$428
	30 - 39	859	686	558	630	690	570	523	545	532
	40 - 49	1,120	891	726	818	902	736	683	714	695
	50 - 54	1,235	978	802	901	991	812	750	783	763
	55 - 59	1,411	1,119	915	1,029	1,132	928	858	891	870
FAMILY	60 - 64	1,639	1,302	1,063	1,198	1,315	1,079	994	1,037	1,014
	65 + PRIMARY	2,062	1,635	1,335	1,506	1,658	1,354	1,250	1,305	1,275
	65 + SECONDARY	1,414	1,122	918	1,032	1,134	932	858	897	874
	UNDER 30	\$1,048	\$829	\$679	\$762	\$842	\$690	\$634	\$664	\$647
	30 - 39	1,366	1,086	885	1,000	1,100	901	834	865	848
	40 - 49	1,758	1,397	1,139	1,282	1,412	1,157	1,067	1,115	1,087
	50 - 54	1,839	1,459	1,191	1,343	1,478	1,211	1,117	1,163	1,138
	55 - 59	2,335	1,852	1,510	1,702	1,873	1,535	1,416	1,479	1,443
	60 - 64	2,754	2,183	1,781	2,007	2,209	1,809	1,669	1,745	1,702
	65 + PRIMARY	3,489	2,767	2,262	2,547	2,803	2,295	2,120	2,209	2,158
	65 + SECONDARY	2,054	1,633	1,333	1,502	1,650	1,354	1,246	1,303	1,270

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 5000D (OFET)
1.00 RAF RATES*

		RATING AREA								
AGE RANGES		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$278	\$221	\$180	\$203	\$224	\$185	\$169	\$176	\$173
	30 - 39	373	298	243	273	300	245	226	239	231
	40 - 49	542	430	350	395	433	356	330	341	334
	50 - 54	651	516	421	474	522	429	394	412	404
	55 - 59	828	655	538	606	666	545	503	525	512
	60 - 64	1,037	824	671	758	835	682	628	655	642
	65 + PRIMARY	1,349	1,069	876	984	1,082	888	820	855	834
	65 + SECONDARY	766	610	497	561	617	504	466	485	476
EMPLOYEE AND SPOUSE	UNDER 30	\$587	\$466	\$381	\$429	\$472	\$385	\$354	\$372	\$362
	30 - 39	796	634	516	582	641	524	484	506	494
	40 - 49	1,105	878	719	809	890	729	670	702	685
	50 - 54	1,347	1,068	873	982	1,081	888	818	853	833
	55 - 59	1,712	1,361	1,109	1,248	1,373	1,124	1,040	1,084	1,059
	60 - 64	2,089	1,660	1,355	1,525	1,679	1,374	1,267	1,323	1,292
	65 + PRIMARY	2,572	2,042	1,667	1,878	2,065	1,694	1,563	1,629	1,589
	65 + SECONDARY	1,532	1,218	993	1,118	1,232	1,007	929	971	948
EMPLOYEE AND CHILD(REN)	UNDER 30	\$544	\$432	\$352	\$396	\$438	\$359	\$332	\$345	\$337
	30 - 39	679	540	441	497	545	449	412	430	420
	40 - 49	883	702	572	645	711	581	539	561	548
	50 - 54	972	771	632	711	781	640	591	615	602
	55 - 59	1,112	882	722	812	892	730	677	702	687
	60 - 64	1,293	1,026	839	943	1,036	851	784	816	800
	65 + PRIMARY	1,626	1,289	1,053	1,186	1,307	1,068	985	1,028	1,005
	65 + SECONDARY	1,115	886	724	814	895	734	677	707	688
FAMILY	UNDER 30	\$824	\$655	\$536	\$601	\$664	\$544	\$500	\$523	\$510
	30 - 39	1,077	857	698	788	868	712	655	683	668
	40 - 49	1,388	1,101	898	1,012	1,112	913	842	879	858
	50 - 54	1,450	1,151	939	1,059	1,165	956	882	919	897
	55 - 59	1,840	1,462	1,192	1,341	1,478	1,210	1,115	1,165	1,138
	60 - 64	2,171	1,721	1,405	1,582	1,740	1,427	1,315	1,374	1,341
	65 + PRIMARY	2,749	2,182	1,782	2,007	2,209	1,809	1,669	1,740	1,702
	65 + SECONDARY	1,619	1,288	1,051	1,183	1,299	1,068	982	1,026	1,002

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 5000D MHP (0G5X)
1.00 RAF RATES*

		RATING AREA								
AGE RANGES		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$279	\$222	\$182	\$204	\$224	\$186	\$169	\$177	\$174
	30 - 39	374	299	244	274	302	245	226	239	233
	40 - 49	544	431	351	396	436	359	331	343	336
	50 - 54	652	518	423	475	524	430	396	414	406
	55 - 59	831	659	540	609	668	547	504	527	513
	60 - 64	1,042	827	674	760	837	685	630	656	644
	65 + PRIMARY	1,354	1,074	878	987	1,086	892	822	858	837
	65 + SECONDARY	770	612	498	563	621	506	468	488	477
EMPLOYEE AND SPOUSE	UNDER 30	\$591	\$467	\$382	\$430	\$474	\$386	\$355	\$373	\$365
	30 - 39	800	637	517	585	642	526	486	507	496
	40 - 49	1,110	882	721	812	892	731	674	706	688
	50 - 54	1,352	1,072	878	986	1,084	891	822	856	836
	55 - 59	1,718	1,365	1,113	1,254	1,378	1,129	1,043	1,089	1,062
	60 - 64	2,097	1,666	1,360	1,532	1,684	1,381	1,272	1,328	1,297
	65 + PRIMARY	2,583	2,050	1,675	1,883	2,075	1,699	1,569	1,635	1,596
	65 + SECONDARY	1,536	1,221	995	1,121	1,236	1,012	934	973	952
EMPLOYEE AND CHILD(REN)	UNDER 30	\$545	\$435	\$354	\$398	\$439	\$360	\$333	\$346	\$339
	30 - 39	680	543	442	498	546	452	415	431	421
	40 - 49	887	706	574	647	714	583	540	564	550
	50 - 54	977	774	635	713	784	642	593	620	604
	55 - 59	1,116	886	725	814	896	734	679	706	688
	60 - 64	1,297	1,030	841	947	1,040	854	786	821	803
	65 + PRIMARY	1,632	1,294	1,057	1,192	1,312	1,071	989	1,032	1,009
	65 + SECONDARY	1,119	888	726	817	897	737	679	710	692
FAMILY	UNDER 30	\$828	\$656	\$538	\$603	\$666	\$546	\$502	\$525	\$512
	30 - 39	1,081	859	700	792	870	713	659	684	671
	40 - 49	1,392	1,105	901	1,015	1,117	915	845	883	860
	50 - 54	1,455	1,155	943	1,063	1,169	958	884	921	900
	55 - 59	1,847	1,466	1,195	1,347	1,482	1,214	1,120	1,170	1,142
	60 - 64	2,179	1,727	1,409	1,588	1,748	1,432	1,321	1,380	1,347
	65 + PRIMARY	2,761	2,189	1,790	2,015	2,217	1,816	1,677	1,748	1,707
	65 + SECONDARY	1,625	1,292	1,055	1,189	1,306	1,071	986	1,031	1,005

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 5000C (OFES)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$302	\$241	\$197	\$221	\$244	\$202	\$184	\$191	\$188
	30 - 39	406	324	263	297	327	266	247	259	252
	40 - 49	590	468	381	430	471	388	358	372	364
	50 - 54	708	561	458	515	568	467	429	447	439
	55 - 59	901	714	585	659	724	592	547	571	557
	60 - 64	1,128	897	730	824	908	741	682	713	698
	65 + PRIMARY	1,467	1,163	952	1,070	1,177	967	892	930	907
	65 + SECONDARY	833	665	540	610	672	548	507	528	518
EMPLOYEE AND SPOUSE	UNDER 30	\$639	\$507	\$415	\$466	\$514	\$419	\$386	\$404	\$394
	30 - 39	866	690	561	632	697	570	527	550	537
	40 - 49	1,202	954	782	881	968	793	729	764	745
	50 - 54	1,465	1,162	950	1,068	1,176	966	891	928	906
	55 - 59	1,863	1,481	1,206	1,359	1,494	1,224	1,132	1,180	1,151
	60 - 64	2,272	1,805	1,474	1,659	1,827	1,495	1,377	1,440	1,406
	65 + PRIMARY	2,799	2,222	1,814	2,043	2,248	1,842	1,700	1,773	1,729
	65 + SECONDARY	1,667	1,325	1,080	1,217	1,340	1,095	1,011	1,056	1,032
EMPLOYEE AND CHILD(REN)	UNDER 30	\$591	\$470	\$383	\$431	\$476	\$390	\$360	\$376	\$367
	30 - 39	738	588	480	540	592	488	447	468	457
	40 - 49	961	764	624	701	773	632	586	610	596
	50 - 54	1,058	839	687	773	850	696	643	670	655
	55 - 59	1,209	958	785	883	971	795	736	765	748
	60 - 64	1,407	1,116	912	1,025	1,127	926	853	888	870
	65 + PRIMARY	1,769	1,402	1,145	1,290	1,421	1,161	1,072	1,118	1,093
	65 + SECONDARY	1,213	964	787	886	974	799	736	768	750
FAMILY	UNDER 30	\$897	\$713	\$583	\$654	\$722	\$591	\$544	\$569	\$555
	30 - 39	1,172	933	760	858	944	774	714	742	726
	40 - 49	1,509	1,197	977	1,101	1,209	993	916	956	933
	50 - 54	1,578	1,251	1,022	1,151	1,268	1,040	958	999	976
	55 - 59	2,002	1,590	1,296	1,460	1,608	1,317	1,213	1,268	1,238
	60 - 64	2,361	1,873	1,528	1,721	1,893	1,552	1,431	1,494	1,459
	65 + PRIMARY	2,991	2,374	1,938	2,183	2,403	1,969	1,816	1,893	1,851
	65 + SECONDARY	1,762	1,402	1,143	1,286	1,414	1,161	1,068	1,117	1,091

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
Lumenos HRA 5000C MHP (0G5W)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$303	\$242	\$198	\$222	\$245	\$203	\$184	\$193	\$188
	30 - 39	407	325	265	298	329	266	247	260	254
	40 - 49	591	469	382	431	474	390	359	373	365
	50 - 54	710	564	460	517	570	468	431	450	440
	55 - 59	904	717	587	663	726	595	548	573	558
	60 - 64	1,135	900	732	826	910	745	685	715	700
	65 + PRIMARY	1,473	1,168	955	1,074	1,182	970	895	933	909
	65 + SECONDARY	838	666	542	613	675	550	509	531	519
EMPLOYEE AND SPOUSE	UNDER 30	\$642	\$508	\$415	\$468	\$515	\$420	\$387	\$406	\$397
	30 - 39	870	692	563	636	699	573	529	552	540
	40 - 49	1,208	958	783	883	971	796	732	767	749
	50 - 54	1,470	1,166	954	1,073	1,180	969	894	932	908
	55 - 59	1,870	1,486	1,210	1,365	1,500	1,229	1,135	1,185	1,155
	60 - 64	2,281	1,812	1,479	1,667	1,832	1,502	1,383	1,445	1,411
	65 + PRIMARY	2,809	2,230	1,823	2,049	2,257	1,848	1,706	1,779	1,737
	65 + SECONDARY	1,671	1,328	1,083	1,220	1,345	1,101	1,016	1,059	1,036
EMPLOYEE AND CHILD(REN)	UNDER 30	\$593	\$473	\$385	\$433	\$478	\$392	\$362	\$377	\$369
	30 - 39	740	590	481	542	594	490	451	469	458
	40 - 49	965	767	625	705	776	634	588	614	598
	50 - 54	1,063	842	690	775	853	699	645	674	657
	55 - 59	1,214	964	788	886	975	799	739	767	750
	60 - 64	1,411	1,120	915	1,031	1,133	929	856	893	873
	65 + PRIMARY	1,776	1,408	1,150	1,296	1,427	1,165	1,076	1,123	1,098
	65 + SECONDARY	1,218	967	791	889	976	802	739	772	753
FAMILY	UNDER 30	\$901	\$715	\$585	\$656	\$724	\$594	\$546	\$571	\$557
	30 - 39	1,176	935	762	861	947	775	717	744	730
	40 - 49	1,513	1,202	980	1,104	1,215	996	919	959	936
	50 - 54	1,583	1,256	1,025	1,157	1,272	1,042	962	1,001	979
	55 - 59	2,010	1,594	1,300	1,465	1,612	1,321	1,219	1,273	1,242
	60 - 64	2,371	1,879	1,533	1,729	1,902	1,558	1,437	1,502	1,465
	65 + PRIMARY	3,003	2,382	1,947	2,192	2,413	1,975	1,825	1,902	1,858
	65 + SECONDARY	1,768	1,406	1,148	1,293	1,420	1,165	1,073	1,121	1,093

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 2500 PPO (Z270, 06Z7)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$293	\$229	\$193	\$210	\$229	\$188	\$174	\$183	\$176
	30 - 39	392	301	255	280	310	256	229	244	237
	40 - 49	569	441	368	403	448	368	336	354	341
	50 - 54	683	527	445	484	537	439	402	426	408
	55 - 59	873	671	567	620	687	563	510	544	525
	60 - 64	1,092	839	706	779	862	701	642	680	654
	65 + PRIMARY	1,417	1,093	920	1,008	1,120	914	839	882	853
	65 + SECONDARY	807	622	521	578	635	520	476	502	486
EMPLOYEE AND SPOUSE	UNDER 30	\$603	\$467	\$392	\$431	\$477	\$392	\$356	\$374	\$363
	30 - 39	810	625	522	579	638	522	480	506	487
	40 - 49	1,164	899	755	831	921	752	686	724	700
	50 - 54	1,417	1,093	920	1,008	1,120	914	839	882	853
	55 - 59	1,800	1,390	1,170	1,287	1,421	1,162	1,062	1,119	1,082
	60 - 64	2,199	1,696	1,430	1,568	1,734	1,419	1,299	1,368	1,323
	65 + PRIMARY	2,709	2,086	1,759	1,933	2,137	1,744	1,599	1,684	1,625
	65 + SECONDARY	1,612	1,240	1,048	1,151	1,277	1,040	950	1,000	969
EMPLOYEE AND CHILD(REN)	UNDER 30	\$555	\$429	\$365	\$397	\$442	\$357	\$332	\$347	\$334
	30 - 39	700	539	458	498	551	449	413	438	418
	40 - 49	938	719	609	667	738	602	550	583	559
	50 - 54	1,029	795	666	736	812	661	604	641	616
	55 - 59	1,177	905	763	839	927	758	692	732	706
	60 - 64	1,369	1,052	889	977	1,080	883	805	851	824
	65 + PRIMARY	1,719	1,325	1,114	1,226	1,356	1,109	1,016	1,068	1,028
	65 + SECONDARY	1,178	910	768	841	930	759	698	735	708
FAMILY	UNDER 30	\$855	\$660	\$552	\$608	\$674	\$549	\$503	\$531	\$515
	30 - 39	1,109	850	717	786	870	713	651	687	665
	40 - 49	1,467	1,131	953	1,044	1,158	945	865	910	883
	50 - 54	1,535	1,183	996	1,095	1,210	990	905	954	924
	55 - 59	1,946	1,500	1,263	1,389	1,535	1,252	1,146	1,209	1,170
	60 - 64	2,298	1,770	1,489	1,636	1,813	1,482	1,358	1,427	1,380
	65 + PRIMARY	2,909	2,241	1,887	2,076	2,295	1,874	1,717	1,811	1,747
	65 + SECONDARY	1,715	1,318	1,112	1,224	1,354	1,109	1,015	1,066	1,027

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 2500 PPO MHP (02FD, 070R)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$294	\$230	\$193	\$211	\$230	\$189	\$175	\$184	\$177
	30 - 39	395	303	256	281	311	257	230	245	238
	40 - 49	573	442	369	404	451	370	337	357	342
	50 - 54	686	529	447	488	540	440	403	427	409
	55 - 59	876	673	569	622	689	566	514	546	526
	60 - 64	1,095	841	708	782	865	704	645	683	657
	65 + PRIMARY	1,423	1,097	923	1,013	1,124	919	841	885	856
	65 + SECONDARY	812	624	523	580	638	522	478	504	488
EMPLOYEE AND SPOUSE	UNDER 30	\$606	\$468	\$394	\$432	\$479	\$394	\$359	\$376	\$364
	30 - 39	813	627	524	581	640	524	484	508	489
	40 - 49	1,169	903	759	834	924	754	688	727	702
	50 - 54	1,423	1,097	923	1,013	1,124	919	841	885	856
	55 - 59	1,808	1,394	1,174	1,293	1,426	1,167	1,067	1,123	1,087
	60 - 64	2,207	1,701	1,436	1,576	1,740	1,425	1,304	1,373	1,328
	65 + PRIMARY	2,721	2,095	1,765	1,940	2,146	1,751	1,605	1,689	1,632
	65 + SECONDARY	1,618	1,245	1,052	1,156	1,282	1,046	954	1,004	973
EMPLOYEE AND CHILD(REN)	UNDER 30	\$556	\$431	\$366	\$399	\$444	\$359	\$333	\$348	\$335
	30 - 39	704	541	459	499	553	452	414	439	420
	40 - 49	944	723	612	672	740	605	552	585	562
	50 - 54	1,032	797	669	739	815	665	607	644	618
	55 - 59	1,183	909	765	842	930	762	694	734	709
	60 - 64	1,374	1,057	892	982	1,084	887	808	856	827
	65 + PRIMARY	1,726	1,330	1,119	1,232	1,360	1,113	1,019	1,073	1,033
	65 + SECONDARY	1,184	913	770	844	934	764	703	737	711
FAMILY	UNDER 30	\$858	\$662	\$554	\$610	\$676	\$550	\$505	\$533	\$517
	30 - 39	1,113	855	719	789	873	715	653	689	668
	40 - 49	1,471	1,136	957	1,048	1,163	949	868	913	886
	50 - 54	1,540	1,187	999	1,099	1,215	994	909	957	928
	55 - 59	1,955	1,505	1,267	1,395	1,542	1,256	1,150	1,213	1,174
	60 - 64	2,306	1,777	1,494	1,644	1,820	1,488	1,364	1,433	1,386
	65 + PRIMARY	2,920	2,249	1,893	2,084	2,304	1,883	1,726	1,818	1,754
	65 + SECONDARY	1,720	1,324	1,117	1,229	1,358	1,112	1,018	1,070	1,032

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 3500 PPO (Z271, 06Z8)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$246	\$186	\$158	\$176	\$196	\$156	\$146	\$154	\$145
	30 - 39	330	255	213	236	260	211	196	206	198
	40 - 49	477	366	310	341	377	308	280	298	288
	50 - 54	572	446	373	411	454	368	341	357	347
	55 - 59	734	563	475	523	578	468	433	455	437
	60 - 64	918	706	597	655	723	591	541	569	550
	65 + PRIMARY	1,192	922	775	848	942	768	705	738	711
	65 + SECONDARY	679	523	439	484	536	437	399	421	406
EMPLOYEE AND SPOUSE	UNDER 30	\$508	\$394	\$331	\$362	\$403	\$326	\$302	\$317	\$304
	30 - 39	681	526	443	485	539	438	404	423	410
	40 - 49	981	757	634	697	776	629	578	608	587
	50 - 54	1,192	922	775	848	942	768	705	738	711
	55 - 59	1,517	1,169	981	1,078	1,194	974	895	941	903
	60 - 64	1,854	1,429	1,202	1,318	1,461	1,190	1,092	1,149	1,105
	65 + PRIMARY	2,279	1,758	1,478	1,624	1,797	1,463	1,344	1,416	1,361
	65 + SECONDARY	1,355	1,043	882	963	1,068	872	802	842	810
EMPLOYEE AND CHILD(REN)	UNDER 30	\$466	\$363	\$304	\$336	\$372	\$299	\$275	\$290	\$280
	30 - 39	588	453	383	420	462	377	350	365	353
	40 - 49	788	607	510	560	620	506	465	488	469
	50 - 54	868	667	564	618	684	559	511	534	514
	55 - 59	987	764	641	704	782	634	582	613	593
	60 - 64	1,152	885	749	820	908	738	680	716	688
	65 + PRIMARY	1,448	1,115	939	1,029	1,141	929	855	895	863
	65 + SECONDARY	988	765	645	706	783	637	586	616	594
FAMILY	UNDER 30	\$717	\$555	\$466	\$514	\$568	\$461	\$423	\$448	\$427
	30 - 39	931	718	605	663	734	601	551	578	556
	40 - 49	1,235	951	803	878	975	793	729	765	737
	50 - 54	1,291	997	837	920	1,021	829	763	802	770
	55 - 59	1,636	1,262	1,063	1,164	1,290	1,053	968	1,017	978
	60 - 64	1,933	1,488	1,253	1,375	1,527	1,241	1,142	1,201	1,150
	65 + PRIMARY	2,447	1,884	1,586	1,745	1,932	1,573	1,444	1,521	1,457
	65 + SECONDARY	1,441	1,111	938	1,028	1,139	928	852	895	858

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 3500 PPO MHP (02FE, 070S)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$247	\$186	\$158	\$177	\$198	\$156	\$147	\$154	\$146
	30 - 39	331	256	215	237	261	212	198	207	199
	40 - 49	478	367	311	343	380	309	282	299	289
	50 - 54	576	448	375	413	455	369	342	358	348
	55 - 59	737	565	477	526	580	471	436	456	439
	60 - 64	922	709	599	657	725	594	544	571	552
	65 + PRIMARY	1,196	926	778	851	947	771	708	741	713
	65 + SECONDARY	682	525	443	485	539	439	400	422	408
EMPLOYEE AND SPOUSE	UNDER 30	\$510	\$395	\$332	\$363	\$405	\$327	\$303	\$319	\$305
	30 - 39	685	528	445	487	541	441	406	424	410
	40 - 49	985	759	636	700	779	631	580	611	589
	50 - 54	1,196	926	778	851	947	771	708	741	713
	55 - 59	1,523	1,174	984	1,081	1,200	978	899	945	907
	60 - 64	1,861	1,434	1,207	1,324	1,466	1,194	1,097	1,154	1,109
	65 + PRIMARY	2,289	1,764	1,484	1,630	1,805	1,468	1,351	1,421	1,367
	65 + SECONDARY	1,360	1,049	885	967	1,073	875	806	844	813
EMPLOYEE AND CHILD(REN)	UNDER 30	\$468	\$366	\$305	\$337	\$373	\$300	\$276	\$291	\$281
	30 - 39	590	455	386	422	464	378	351	367	354
	40 - 49	791	609	512	563	623	508	467	490	471
	50 - 54	871	670	566	620	687	562	513	536	516
	55 - 59	991	767	644	707	785	636	585	615	595
	60 - 64	1,156	889	752	823	911	741	684	719	691
	65 + PRIMARY	1,454	1,120	942	1,033	1,145	933	858	899	866
	65 + SECONDARY	992	768	647	709	786	639	588	619	596
FAMILY	UNDER 30	\$719	\$557	\$468	\$516	\$570	\$462	\$425	\$450	\$431
	30 - 39	935	720	607	665	736	603	553	580	558
	40 - 49	1,242	954	807	882	978	797	731	768	739
	50 - 54	1,295	1,003	840	924	1,024	832	765	806	773
	55 - 59	1,642	1,266	1,067	1,171	1,296	1,058	971	1,020	982
	60 - 64	1,939	1,493	1,259	1,381	1,533	1,245	1,146	1,206	1,155
	65 + PRIMARY	2,456	1,891	1,594	1,752	1,939	1,578	1,449	1,526	1,462
	65 + SECONDARY	1,447	1,115	941	1,031	1,143	932	855	899	861

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 5000 PPO (Z272, 06Z9)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$210	\$161	\$137	\$153	\$168	\$134	\$123	\$132	\$125
	30 - 39	286	220	186	203	227	183	168	179	171
	40 - 49	411	317	267	296	329	264	246	257	249
	50 - 54	493	385	323	355	392	317	294	308	298
	55 - 59	633	487	411	452	498	405	377	394	378
	60 - 64	790	611	514	565	627	507	467	492	475
	65 + PRIMARY	1,024	797	671	735	813	661	609	643	619
	65 + SECONDARY	587	451	380	418	463	376	347	362	352
EMPLOYEE AND SPOUSE	UNDER 30	\$437	\$336	\$289	\$313	\$350	\$280	\$260	\$272	\$261
	30 - 39	589	453	382	419	465	378	351	363	353
	40 - 49	843	655	549	604	671	541	498	527	510
	50 - 54	1,024	797	671	735	813	661	609	643	619
	55 - 59	1,306	1,011	849	935	1,034	839	773	814	787
	60 - 64	1,593	1,234	1,040	1,140	1,263	1,024	944	994	960
	65 + PRIMARY	1,959	1,521	1,276	1,408	1,553	1,258	1,161	1,226	1,180
	65 + SECONDARY	1,166	903	765	836	926	749	692	730	703
EMPLOYEE AND CHILD(REN)	UNDER 30	\$401	\$314	\$264	\$290	\$320	\$260	\$240	\$253	\$245
	30 - 39	507	392	331	365	399	323	302	316	306
	40 - 49	678	523	441	486	535	436	403	425	408
	50 - 54	748	576	486	537	590	480	441	463	448
	55 - 59	851	660	556	611	677	546	504	531	512
	60 - 64	990	764	646	711	787	635	588	620	598
	65 + PRIMARY	1,245	964	810	890	984	800	740	777	749
	65 + SECONDARY	851	661	559	613	678	550	506	533	515
FAMILY	UNDER 30	\$616	\$479	\$404	\$444	\$490	\$394	\$365	\$386	\$372
	30 - 39	801	621	524	573	636	517	474	500	481
	40 - 49	1,061	821	692	762	843	683	628	666	640
	50 - 54	1,113	863	725	796	880	714	660	694	670
	55 - 59	1,408	1,092	918	1,009	1,116	906	835	878	849
	60 - 64	1,664	1,288	1,085	1,189	1,316	1,070	984	1,041	999
	65 + PRIMARY	2,107	1,629	1,373	1,510	1,667	1,353	1,246	1,313	1,268
	65 + SECONDARY	1,240	961	809	889	982	798	736	776	744

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
SOLUTION 5000 PPO MHP (02FF, 070T)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$211	\$162	\$138	\$153	\$169	\$135	\$123	\$134	\$125
	30 - 39	287	221	186	204	228	183	169	179	172
	40 - 49	412	318	268	297	330	265	246	258	251
	50 - 54	496	386	324	356	394	318	295	309	299
	55 - 59	637	490	412	455	500	407	378	397	379
	60 - 64	793	613	516	567	630	508	469	494	477
	65 + PRIMARY	1,029	799	673	737	817	664	611	645	622
	65 + SECONDARY	589	453	381	419	465	377	349	364	353
EMPLOYEE AND SPOUSE	UNDER 30	\$438	\$338	\$290	\$314	\$351	\$281	\$261	\$273	\$262
	30 - 39	591	455	383	421	467	379	352	366	354
	40 - 49	846	659	551	606	673	543	500	529	512
	50 - 54	1,029	799	673	737	817	664	611	645	622
	55 - 59	1,311	1,015	852	938	1,038	842	776	818	789
	60 - 64	1,599	1,238	1,045	1,145	1,267	1,027	947	997	963
	65 + PRIMARY	1,967	1,526	1,281	1,414	1,560	1,263	1,165	1,231	1,184
	65 + SECONDARY	1,170	907	767	839	929	752	695	732	706
EMPLOYEE AND CHILD(REN)	UNDER 30	\$402	\$316	\$265	\$291	\$321	\$260	\$241	\$254	\$246
	30 - 39	509	393	332	366	402	324	303	317	307
	40 - 49	681	525	443	488	537	438	404	427	410
	50 - 54	750	579	487	539	592	482	443	465	450
	55 - 59	853	662	558	613	680	549	506	533	515
	60 - 64	994	767	648	713	790	637	590	623	600
	65 + PRIMARY	1,250	967	814	893	988	803	742	779	754
	65 + SECONDARY	853	663	562	615	681	552	508	535	517
FAMILY	UNDER 30	\$620	\$481	\$405	\$446	\$492	\$396	\$366	\$387	\$374
	30 - 39	804	623	526	575	639	519	476	501	482
	40 - 49	1,066	824	694	765	847	686	631	670	643
	50 - 54	1,116	866	728	799	884	717	662	698	672
	55 - 59	1,413	1,096	921	1,013	1,120	910	839	881	853
	60 - 64	1,669	1,295	1,090	1,195	1,322	1,074	988	1,044	1,002
	65 + PRIMARY	2,116	1,635	1,379	1,516	1,673	1,358	1,252	1,317	1,272
	65 + SECONDARY	1,245	965	812	892	985	801	739	779	747

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL (EF49, 06ZC)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$150	\$135	\$124	\$126	\$143	\$127	\$110	\$113	\$110
	30 - 39	183	171	148	164	181	155	140	145	142
	40 - 49	250	231	203	217	241	218	186	191	190
	50 - 54	331	307	274	300	324	292	249	257	252
	55 - 59	407	376	335	358	402	358	304	314	312
	60 - 64	530	485	439	470	528	477	389	400	405
	65 + PRIMARY	614	615	541	625	642	631	502	518	492
	65 + SECONDARY	250	252	241	279	285	274	202	210	225
EMPLOYEE AND SPOUSE	UNDER 30	\$436	\$396	\$361	\$384	\$425	\$391	\$325	\$334	\$329
	30 - 39	506	460	414	448	507	453	374	384	390
	40 - 49	492	466	416	451	507	448	375	385	390
	50 - 54	683	631	565	611	690	620	508	523	534
	55 - 59	841	776	691	752	839	765	630	648	649
	60 - 64	1,011	949	870	941	1,053	948	771	794	813
	65 + PRIMARY	1,422	1,428	1,258	1,449	1,481	1,454	1,157	1,193	1,145
	65 + SECONDARY	659	666	627	728	750	705	539	551	590
EMPLOYEE AND CHILD(REN)	UNDER 30	\$346	\$305	\$281	\$299	\$334	\$301	\$249	\$257	\$255
	30 - 39	369	337	299	322	362	330	274	281	278
	40 - 49	385	346	312	335	380	336	284	292	291
	50 - 54	456	408	367	398	451	402	331	340	350
	55 - 59	540	484	439	469	529	474	393	404	409
	60 - 64	664	604	552	594	667	597	492	505	517
	65 + PRIMARY	744	745	661	759	777	760	601	618	599
	65 + SECONDARY	294	291	282	321	322	313	231	237	249
FAMILY	UNDER 30	\$507	\$457	\$410	\$441	\$496	\$446	\$369	\$381	\$386
	30 - 39	574	520	466	496	562	502	419	429	434
	40 - 49	640	590	527	572	645	580	477	492	494
	50 - 54	769	691	621	678	756	688	562	577	588
	55 - 59	941	838	759	819	918	829	679	697	707
	60 - 64	1,173	1,061	965	1,047	1,180	1,053	857	883	915
	65 + PRIMARY	1,494	1,496	1,318	1,522	1,559	1,530	1,211	1,246	1,203
	65 + SECONDARY	695	694	652	774	789	738	568	584	616

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL MHP (02FG, 070U)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$151	\$136	\$125	\$127	\$144	\$128	\$110	\$114	\$110
	30 - 39	183	171	149	164	181	155	142	146	143
	40 - 49	251	233	204	218	242	219	186	192	191
	50 - 54	332	308	275	301	325	293	252	258	253
	55 - 59	408	377	337	361	403	361	305	316	314
	60 - 64	532	487	441	471	530	478	390	401	406
	65 + PRIMARY	616	618	543	627	647	634	504	520	494
	65 + SECONDARY	251	253	242	280	286	275	203	211	226
EMPLOYEE AND SPOUSE	UNDER 30	\$438	\$398	\$362	\$385	\$428	\$392	\$326	\$335	\$330
	30 - 39	509	462	416	450	509	455	375	385	391
	40 - 49	494	467	418	454	509	450	376	386	391
	50 - 54	685	634	567	613	692	623	510	525	536
	55 - 59	844	778	693	757	843	768	632	651	652
	60 - 64	1,015	954	874	946	1,058	953	773	798	817
	65 + PRIMARY	1,427	1,434	1,263	1,456	1,487	1,460	1,162	1,197	1,149
	65 + SECONDARY	662	669	629	732	756	708	541	553	592
EMPLOYEE AND CHILD(REN)	UNDER 30	\$348	\$306	\$282	\$300	\$335	\$302	\$252	\$258	\$256
	30 - 39	370	338	300	324	363	331	275	282	279
	40 - 49	386	348	313	336	381	337	285	293	292
	50 - 54	458	409	368	400	454	403	333	341	351
	55 - 59	543	487	440	471	531	475	395	405	410
	60 - 64	666	607	554	596	671	599	494	508	519
	65 + PRIMARY	748	748	664	763	781	764	604	620	602
	65 + SECONDARY	295	292	283	322	323	314	231	238	249
FAMILY	UNDER 30	\$510	\$459	\$411	\$443	\$498	\$449	\$371	\$384	\$388
	30 - 39	576	522	467	498	564	504	421	431	437
	40 - 49	642	593	529	574	648	582	478	494	496
	50 - 54	772	694	624	680	759	691	565	579	591
	55 - 59	944	842	763	823	922	832	681	701	710
	60 - 64	1,179	1,065	969	1,051	1,184	1,058	861	886	919
	65 + PRIMARY	1,501	1,501	1,323	1,528	1,565	1,537	1,217	1,250	1,208
	65 + SECONDARY	697	697	655	777	791	742	570	586	618

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL PLUS (EF50, 06ZB)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$180	\$165	\$149	\$152	\$173	\$153	\$133	\$136	\$127
	30 - 39	220	205	181	195	219	189	171	175	165
	40 - 49	302	278	246	261	289	264	225	231	219
	50 - 54	397	368	328	358	390	350	301	309	292
	55 - 59	491	452	403	432	483	433	366	377	364
	60 - 64	639	582	527	566	637	573	468	482	470
	65 + PRIMARY	737	742	650	752	772	761	606	622	572
	65 + SECONDARY	302	301	289	335	345	329	246	253	261
EMPLOYEE AND SPOUSE	UNDER 30	\$525	\$476	\$433	\$461	\$511	\$469	\$391	\$401	\$383
	30 - 39	609	555	498	540	610	546	451	462	453
	40 - 49	591	559	501	544	610	540	452	463	453
	50 - 54	819	762	679	736	829	745	611	631	618
	55 - 59	1,012	932	831	905	1,008	920	759	780	755
	60 - 64	1,218	1,144	1,046	1,133	1,268	1,142	929	956	944
	65 + PRIMARY	1,711	1,720	1,512	1,746	1,784	1,749	1,396	1,434	1,327
	65 + SECONDARY	794	800	753	877	904	851	648	664	685
EMPLOYEE AND CHILD(REN)	UNDER 30	\$417	\$366	\$336	\$358	\$402	\$361	\$300	\$308	\$298
	30 - 39	444	407	359	385	435	397	329	337	323
	40 - 49	464	417	375	404	458	405	340	352	339
	50 - 54	547	492	442	478	544	483	399	411	406
	55 - 59	650	585	528	564	637	571	475	487	475
	60 - 64	800	729	665	714	805	719	591	607	599
	65 + PRIMARY	893	898	796	912	937	914	724	744	696
	65 + SECONDARY	352	348	338	388	377	278	285	285	288
FAMILY	UNDER 30	\$609	\$549	\$494	\$533	\$598	\$539	\$445	\$459	\$449
	30 - 39	690	623	559	598	678	605	504	519	505
	40 - 49	770	709	635	688	776	699	574	591	575
	50 - 54	925	830	747	814	909	828	676	695	681
	55 - 59	1,131	1,010	913	985	1,103	997	819	840	821
	60 - 64	1,412	1,273	1,163	1,262	1,422	1,268	1,033	1,063	1,061
	65 + PRIMARY	1,799	1,799	1,585	1,831	1,875	1,842	1,459	1,501	1,396
	65 + SECONDARY	836	835	785	934	949	891	683	703	716

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL PLUS MHP (02FH, 070V)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$180	\$165	\$150	\$153	\$173	\$154	\$134	\$137	\$128
	30 - 39	221	207	181	196	220	190	171	175	165
	40 - 49	303	279	247	262	290	265	226	232	221
	50 - 54	398	369	329	361	391	352	302	310	293
	55 - 59	492	455	404	434	484	435	367	378	365
	60 - 64	641	584	529	568	640	575	469	483	472
	65 + PRIMARY	741	745	653	757	774	764	608	625	574
	65 + SECONDARY	303	302	290	337	347	330	247	254	263
EMPLOYEE AND SPOUSE	UNDER 30	\$527	\$477	\$435	\$463	\$513	\$471	\$392	\$402	\$384
	30 - 39	612	558	500	542	612	548	454	464	454
	40 - 49	593	563	503	546	612	542	455	464	454
	50 - 54	823	765	681	739	832	748	613	633	622
	55 - 59	1,015	936	834	909	1,012	923	762	783	757
	60 - 64	1,222	1,148	1,050	1,137	1,273	1,146	933	960	947
	65 + PRIMARY	1,719	1,726	1,517	1,752	1,791	1,756	1,401	1,439	1,333
	65 + SECONDARY	797	803	758	881	907	854	651	668	688
EMPLOYEE AND CHILD(REN)	UNDER 30	\$418	\$367	\$337	\$361	\$403	\$363	\$301	\$309	\$299
	30 - 39	445	408	360	387	436	399	330	338	324
	40 - 49	466	418	377	405	460	406	341	353	340
	50 - 54	549	494	443	479	547	485	401	412	409
	55 - 59	655	587	530	567	640	573	476	489	477
	60 - 64	802	732	667	717	808	721	593	610	602
	65 + PRIMARY	897	901	799	915	940	918	726	747	698
	65 + SECONDARY	354	349	339	390	390	378	279	286	288
FAMILY	UNDER 30	\$612	\$551	\$496	\$537	\$600	\$541	\$447	\$461	\$451
	30 - 39	693	626	561	600	681	607	506	521	507
	40 - 49	773	712	637	690	779	703	576	594	577
	50 - 54	928	833	750	817	913	831	678	698	684
	55 - 59	1,135	1,014	916	988	1,107	1,003	823	844	824
	60 - 64	1,418	1,280	1,168	1,267	1,427	1,273	1,037	1,067	1,065
	65 + PRIMARY	1,807	1,805	1,591	1,839	1,884	1,849	1,465	1,506	1,402
	65 + SECONDARY	839	839	788	937	953	895	686	707	719

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE
65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL PREFERRED (EF51, 06ZA)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$226	\$204	\$187	\$189	\$215	\$191	\$167	\$171	\$157
	30 - 39	276	258	224	244	273	236	211	218	201
	40 - 49	376	349	308	327	362	328	281	290	268
	50 - 54	495	461	411	450	485	441	376	387	358
	55 - 59	613	565	503	539	605	541	459	472	444
	60 - 64	796	729	659	707	796	718	583	601	575
	65 + PRIMARY	922	928	812	939	967	951	758	779	701
	65 + SECONDARY	376	378	360	420	431	411	307	317	318
EMPLOYEE AND SPOUSE	UNDER 30	\$655	\$597	\$544	\$574	\$640	\$586	\$488	\$501	\$467
	30 - 39	762	694	626	674	763	681	561	575	552
	40 - 49	740	700	629	679	763	674	562	579	552
	50 - 54	1,025	952	850	919	1,037	933	765	788	755
	55 - 59	1,265	1,165	1,037	1,131	1,263	1,152	946	977	922
	60 - 64	1,521	1,430	1,307	1,417	1,585	1,427	1,160	1,193	1,155
	65 + PRIMARY	2,142	2,149	1,892	2,180	2,230	2,189	1,743	1,793	1,625
	65 + SECONDARY	994	1,001	943	1,096	1,131	1,062	807	831	838
EMPLOYEE AND CHILD(REN)	UNDER 30	\$520	\$458	\$421	\$448	\$501	\$451	\$375	\$387	\$364
	30 - 39	555	507	447	483	544	496	412	422	393
	40 - 49	581	520	470	502	572	503	425	440	415
	50 - 54	687	612	552	600	680	602	497	513	497
	55 - 59	814	731	661	706	796	711	593	607	580
	60 - 64	998	908	831	894	1,008	898	737	761	733
	65 + PRIMARY	1,120	1,121	996	1,140	1,169	1,144	905	931	851
	65 + SECONDARY	441	437	423	483	484	470	349	359	353
FAMILY	UNDER 30	\$763	\$688	\$617	\$665	\$747	\$674	\$555	\$573	\$549
	30 - 39	863	780	702	745	846	758	629	648	618
	40 - 49	964	886	797	861	970	876	717	738	704
	50 - 54	1,156	1,039	935	1,018	1,138	1,034	845	869	833
	55 - 59	1,416	1,261	1,142	1,230	1,379	1,247	1,022	1,051	1,004
	60 - 64	1,766	1,594	1,454	1,576	1,776	1,585	1,290	1,329	1,298
	65 + PRIMARY	2,249	2,248	1,981	2,289	2,345	2,304	1,824	1,875	1,710
	65 + SECONDARY	1,045	1,046	983	1,169	1,187	1,116	855	878	875

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
ELEMENTS HOSPITAL PREFERRED MHP (02FJ, 070W)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$227	\$205	\$187	\$190	\$216	\$192	\$167	\$171	\$157
	30 - 39	277	259	225	245	275	237	212	219	202
	40 - 49	378	351	309	328	363	329	282	291	269
	50 - 54	497	463	413	452	487	443	377	388	359
	55 - 59	615	568	505	541	607	543	461	473	445
	60 - 64	800	732	662	709	799	721	585	604	577
	65 + PRIMARY	926	931	815	943	971	956	761	781	704
	65 + SECONDARY	378	379	362	422	433	413	308	319	321
EMPLOYEE AND SPOUSE	UNDER 30	\$660	\$599	\$546	\$576	\$643	\$589	\$490	\$503	\$469
	30 - 39	765	696	628	676	766	683	565	577	554
	40 - 49	743	703	631	681	766	676	566	582	554
	50 - 54	1,029	957	853	924	1,042	937	768	791	757
	55 - 59	1,271	1,171	1,042	1,135	1,268	1,156	951	981	925
	60 - 64	1,528	1,435	1,312	1,422	1,592	1,432	1,165	1,199	1,158
	65 + PRIMARY	2,150	2,158	1,900	2,190	2,238	2,197	1,750	1,801	1,630
	65 + SECONDARY	997	1,005	947	1,100	1,135	1,067	810	834	842
EMPLOYEE AND CHILD(REN)	UNDER 30	\$522	\$460	\$423	\$451	\$503	\$453	\$376	\$389	\$366
	30 - 39	558	510	449	485	546	497	414	424	395
	40 - 49	583	522	472	504	574	505	429	441	416
	50 - 54	690	615	554	602	683	604	499	515	499
	55 - 59	818	734	663	709	799	714	595	610	583
	60 - 64	1,003	911	834	897	1,011	901	740	764	737
	65 + PRIMARY	1,124	1,126	1,000	1,146	1,174	1,148	908	934	854
	65 + SECONDARY	443	439	425	485	486	472	350	361	354
FAMILY	UNDER 30	\$766	\$692	\$620	\$667	\$750	\$676	\$557	\$575	\$552
	30 - 39	867	784	704	748	849	761	632	650	619
	40 - 49	968	889	800	866	974	879	720	740	706
	50 - 54	1,162	1,042	938	1,022	1,144	1,038	849	872	836
	55 - 59	1,422	1,267	1,147	1,234	1,385	1,252	1,027	1,055	1,008
	60 - 64	1,774	1,601	1,459	1,584	1,784	1,591	1,295	1,335	1,303
	65 + PRIMARY	2,258	2,257	1,989	2,300	2,356	2,312	1,832	1,884	1,716
	65 + SECONDARY	1,050	1,049	987	1,173	1,191	1,120	858	881	878

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12
HOSPITAL BENEFITS (X350)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$140	\$128	\$120	\$120	\$135	\$122	\$104	\$111	\$104
	30 - 39	172	163	144	152	170	149	132	142	133
	40 - 49	238	223	199	208	228	212	179	191	181
	50 - 54	316	297	268	283	307	282	237	254	240
	55 - 59	385	362	326	339	381	346	290	310	296
	60 - 64	502	470	431	446	501	458	367	395	387
	65 + PRIMARY	580	598	529	593	607	609	476	514	469
	65 + SECONDARY	238	242	234	265	274	263	193	207	213
EMPLOYEE AND SPOUSE	UNDER 30	\$415	\$384	\$352	\$365	\$403	\$374	\$308	\$330	\$313
	30 - 39	481	446	404	428	480	439	355	383	374
	40 - 49	466	453	410	432	480	432	357	385	374
	50 - 54	648	610	552	580	656	598	480	519	505
	55 - 59	799	748	675	715	798	735	596	642	620
	60 - 64	959	921	846	893	1,000	911	733	790	774
	65 + PRIMARY	1,350	1,381	1,229	1,375	1,409	1,401	1,101	1,184	1,090
	65 + SECONDARY	628	640	610	693	712	679	510	548	563
EMPLOYEE AND CHILD(REN)	UNDER 30	\$331	\$294	\$275	\$284	\$316	\$290	\$237	\$254	\$244
	30 - 39	353	326	292	307	345	319	259	278	265
	40 - 49	367	334	307	318	358	323	269	289	279
	50 - 54	435	396	360	382	431	389	311	336	332
	55 - 59	515	470	432	444	501	459	375	403	390
	60 - 64	632	585	537	563	634	574	466	500	492
	65 + PRIMARY	706	719	644	717	735	732	571	613	571
	65 + SECONDARY	279	281	277	303	307	301	218	236	237
FAMILY	UNDER 30	\$482	\$442	\$403	\$419	\$473	\$430	\$351	\$377	\$368
	30 - 39	544	502	455	471	535	485	400	429	414
	40 - 49	608	571	518	541	614	562	454	489	473
	50 - 54	730	666	609	642	716	665	533	574	557
	55 - 59	892	813	740	776	872	799	648	696	675
	60 - 64	1,112	1,027	947	996	1,123	1,015	811	874	872
	65 + PRIMARY	1,420	1,447	1,292	1,441	1,479	1,478	1,149	1,235	1,147
	65 + SECONDARY	660	672	635	734	745	715	542	580	589

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12

HOSPITAL BENEFITS PLUS (X351)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$169	\$157	\$143	\$145	\$164	\$147	\$127	\$135	\$124
	30 - 39	205	197	173	184	205	181	158	170	162
	40 - 49	281	263	240	247	274	252	212	227	214
	50 - 54	374	352	320	338	363	336	282	304	282
	55 - 59	458	431	390	406	455	413	345	371	354
	60 - 64	598	558	511	532	596	547	440	472	463
	65 + PRIMARY	694	711	630	704	725	722	566	608	558
	65 + SECONDARY	281	290	280	313	325	311	229	246	255
EMPLOYEE AND SPOUSE	UNDER 30	\$495	\$458	\$419	\$434	\$479	\$444	\$363	\$391	\$373
	30 - 39	571	530	481	505	572	521	422	456	444
	40 - 49	555	536	488	511	572	512	424	457	444
	50 - 54	773	731	657	692	778	709	573	618	603
	55 - 59	951	894	804	849	949	877	711	763	736
	60 - 64	1,143	1,096	1,009	1,064	1,189	1,087	872	938	920
	65 + PRIMARY	1,609	1,646	1,460	1,639	1,677	1,669	1,310	1,409	1,295
	65 + SECONDARY	745	768	729	824	849	805	606	653	668
EMPLOYEE AND CHILD(REN)	UNDER 30	\$392	\$347	\$326	\$337	\$375	\$346	\$282	\$303	\$290
	30 - 39	418	390	344	363	408	380	308	331	314
	40 - 49	436	401	364	374	429	383	318	340	331
	50 - 54	518	469	432	454	515	461	369	400	397
	55 - 59	608	558	513	528	595	543	445	479	463
	60 - 64	750	696	641	673	756	685	555	598	586
	65 + PRIMARY	840	855	771	855	874	871	681	733	681
	65 + SECONDARY	333	332	328	361	363	357	262	281	281
FAMILY	UNDER 30	\$572	\$525	\$479	\$500	\$559	\$512	\$416	\$447	\$439
	30 - 39	650	597	541	559	637	579	473	509	492
	40 - 49	724	680	615	644	728	669	538	579	563
	50 - 54	868	797	724	764	853	790	634	682	663
	55 - 59	1,060	968	880	925	1,038	948	767	826	801
	60 - 64	1,325	1,222	1,125	1,183	1,336	1,207	971	1,042	1,037
	65 + PRIMARY	1,690	1,722	1,535	1,718	1,760	1,753	1,367	1,472	1,365
	65 + SECONDARY	784	802	761	873	885	851	640	689	698

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars

Hospital BeneFits Plus-Proposed Monthly Premium Rate

Annual Premium equals to monthly premium rate multiplied by 12.

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ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY SMALL GROUP RATES
RATES EFFECTIVE 1/01/12

HOSPITAL BENEFITS PREFERRED (X352)
1.00 RAF RATES*

	AGE RANGES	RATING AREA								
		1	2	3	4	5	6	7	8	9
EMPLOYEE	UNDER 30	\$177	\$163	\$153	\$149	\$170	\$153	\$131	\$141	\$131
	30 - 39	220	205	184	193	215	189	167	180	168
	40 - 49	299	281	254	262	293	267	224	243	226
	50 - 54	397	378	341	364	390	358	301	323	305
	55 - 59	492	464	416	436	490	444	368	396	378
	60 - 64	641	601	548	572	642	586	470	504	495
	65 + PRIMARY	746	767	678	761	780	779	609	655	601
	65 + SECONDARY	299	310	296	336	347	335	245	264	273
EMPLOYEE AND SPOUSE	UNDER 30	\$521	\$485	\$443	\$460	\$511	\$474	\$385	\$416	\$396
	30 - 39	608	565	510	539	610	553	446	480	471
	40 - 49	593	570	517	543	610	548	449	485	471
	50 - 54	827	778	700	738	841	763	612	657	643
	55 - 59	1,021	959	862	914	1,019	940	763	820	788
	60 - 64	1,230	1,179	1,081	1,146	1,282	1,170	938	1,008	990
	65 + PRIMARY	1,734	1,775	1,577	1,770	1,810	1,802	1,412	1,518	1,398
	65 + SECONDARY	799	821	778	884	911	869	648	697	716
EMPLOYEE AND CHILD(REN)	UNDER 30	\$411	\$369	\$341	\$355	\$396	\$362	\$295	\$317	\$305
	30 - 39	441	410	362	385	435	400	323	347	332
	40 - 49	459	421	382	399	453	405	335	361	350
	50 - 54	548	496	455	477	543	488	392	422	418
	55 - 59	651	597	544	565	636	579	470	505	492
	60 - 64	803	744	684	718	809	734	594	637	625
	65 + PRIMARY	899	918	822	918	940	935	729	784	727
	65 + SECONDARY	347	349	344	383	383	377	273	293	297
FAMILY	UNDER 30	\$599	\$553	\$504	\$528	\$594	\$540	\$438	\$471	\$459
	30 - 39	685	632	571	594	675	611	497	534	520
	40 - 49	764	721	653	681	773	708	567	610	597
	50 - 54	925	843	767	815	911	836	672	724	706
	55 - 59	1,134	1,032	939	987	1,111	1,014	818	882	853
	60 - 64	1,421	1,306	1,203	1,270	1,435	1,296	1,035	1,112	1,108
	65 + PRIMARY	1,816	1,852	1,650	1,850	1,896	1,891	1,472	1,582	1,467
	65 + SECONDARY	831	853	812	931	947	905	680	730	744

65 + PRIMARY - ANTHEM BLUE CROSS IS PRIMARY TO MEDICARE

65 + SECONDARY - ANTHEM BLUE CROSS IS SECONDARY TO MEDICARE

*Rates rounded to whole dollars